County Council of the County of Lanark

EDUCATION COMMITTEE

TWENTY-FIFTH
ANNUAL REPORT

ON THE

MEDICAL INSPECTION, SUPERVISION, AND TREATMENT OF SCHOOL CHILDREN

1933-34

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TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE OF THE COUNTY OF LANARK.

Mr. Chairman, Ladies and Gentlemen,

I beg to submit the Twenty-Fifth Annual Report on the Medical Inspection, Supervision, and Treatment of School Children in the County of Lanark for the year ended 31st July, 1934. This report is prepared in accordance with the Memorandum on School Health Administration issued by the Department of Health for Scotland.

I am,

Your obedient Servant,

JOHN MACINTYRE,
Executive School Medical Officer.

School Medical Inspection Offices,
3 Clydesdale Street,
Hamilton, *October*, 1934.

STAFF.

Executive School Medical Officer.

JOHN MACINTYRE, M.B., Ch.B., D.P.H.

Assistant School Medical Officers.

ANN K. CORMACK, M.B., Ch.B.
ISABEL C. DARLING, M.B., Ch.B., D.P.H.
JANET B. CUNNINGHAM, M.B., Ch.B., D.P.H.
IAN C. MACKENZIE, L.R.C.P. & S.Ed., D.P.H.
JOHN YOUNG, L.R.C.P. & S.Ed., D.P.H.

Dental Surgeons.

R. JARDINE BEATTIE, L.D.S.
WILLIAM KERR, L.D.S.
ANDREW C. F. RANKIN, L.D.S.
ARCHIBALD W. M. WATSON, L.D.S.
ELIZABETH WATSON, L.D.S.
MARY N. YOUNG, L.D.S.

Part-Time Ophthalmic Surgeons.

H. SOMERVILLE MARTYN, M.A., M.B., Ch.B.
JOHN A. MORTIMER, M.D., M.R.C.P.E.
* ERNEST THOMSON, M.A., M.D., F.R.F.P.S.G.
JAMES R. WATSON, M.A., B.Sc., M.D., D.P.H.
JAMES A. WILSON, M.D., D.P.H.

Part-Time Ear, Nose, and Throat Specialist.

JAMES ADAM, M.A., M.D., F.R.F.P.S.G.

Nurses.

HELEN S. BERTRAM.
MARY M. BENNETT.
MARTHA M. CHISLETT.
ISOBEL T. COCHRAN.
ANNIE DOBIE.
ANNIE N. DOUGLAS.
FLORENCE D. FLEMING.
JEAN HANNAH.
AMY S. T. HISLOP.
AGNES L. D. MILLER.
MARJORY K. M'DOUGALL.
ISABEL MACKINNON.
† FRANCES M'KEE.
MARJORY MACGILLIVRAY.
MARGARET NEILSON.
HELEN PARK.
MYRA E. SMITH.
MARGARET C. R. SUTTER.
ISABEL TAYLOR.
‡ GEORGINA WALLACE.
MARY A. YATES.

Clerical Staff.

Chief Clerk—ROBERT A. M'ROBBIE.

JOHN PORTER.
SARAH M. B. CLARK.
HELEN S. STEVEN.
JEAN B. THOMSON.
§ PETER KANE.

* Resigned 20th April, 1934.
† Appointed 26th February, 1934.
‡ Resigned 20th February, 1934.
§ Appointed 3rd April, 1934.

SCHEME OF MEDICAL INSPECTION, SUPERVISION, AND TREATMENT.

I.

LIST OF STAFF.

The personnel of the Medical, Dental, Nursing and Clerical Staffs is shown on page 6 of this Report. Dr. Ernest Thomson resigned his appointment as part-time ophthalmic surgeon on 20th April, 1934. Nurse Georgina Wallace resigned from the service on 20th February, 1934, and the vacancy was filled by the appointment of Nurse Frances M'Kee on 26th Feburary, 1934.

II.

(*a*)	Number of Schools in whole Educational Area :—	
	Primary Schools, ...	222
	Secondary Schools, ...	21
	Special Schools or Classes, ...	11
(*b*)	Number of Children on Register, ...	98,019
	,, ,, in Average Attendance,	87,628

During the year under review the following new schools and additions to existing schools were completed :

Motherwell Central Primary School.—New Advanced Division School, erected on the site of the old Hamilton Street Primary School, Motherwell. There are 20 class-rooms of 40 places each, with 3 cookery rooms, 3 handicraft rooms, 1 sewing room, luncheon room, library, hall and gymnasium. A two-storey building adjacent to the School was converted into a Housewifery Section and comprises sitting room, living room, 4 bedrooms, kitchen and work room.

Cadzow R.C. School, Hamilton.—Comprising 12 classrooms, each accommodating 50 pupils, An annexe to this building was recently added, comprising 5 classrooms.

Newton R.C. School.—New school, comprising 10 classrooms with accommodation each for 50 pupils.

Carfin R.C. School.—The old R.C. School demolished and new school erected comprising 12 classrooms, each accommodating 50 pupils ; the hall portion of this school is at present under construction.

Greenfield Advanced Division School.—New Annexe, comprising 1 classroom, Art room, Science Laboratory, Woodwork room.

Bishopbriggs H.G. School.—New Annexe, comprising 3 classrooms.

West Coats H.G. School.—New Annexe, comprising 2 classrooms, lunch room, motor car instruction shop.

In addition to the foregoing a considerable programme of construction work is at present being carried out at King's Park, Coatbridge, Cambuslang, Forth, Airdrie and Motherwell. This work will probably be completed during the course of the present school year and will be detailed in next year's Annual Report.

III.

NUMBER OF VISITS TO SCHOOLS FOR SYSTEMATIC EXAMINATION IN ACCORDANCE WITH SCHEME OF INSPECTION.

During the session 1933-34 the number of visits paid by the School Medical Officers in connection with the *routine* examination of the pupils amounted to 1,169. The groups of children examined at these visits were :—(1) Entrants, 5-6 years old ; (2) Intermediates, 9 years old ; (3) Seniors, 12 years old ; (4) Secondary Pupils, 16 years old ; and (5) Special Cases.

The general summary of the work overtaken during the year (pages 18-19) shows that **31,444** pupils in the four routine age groups mentioned above were subjected to a full medical examination and their condition duly recorded on their medical record cards. This total was made up as follows :—Boys, 15,976 ; Girls, 15,468. The total number examined (31,444) is **99·5 per cent.** of the possible total. As has been previously indicated, it is well-nigh impossible to obtain a full 100 per cent. owing to the fact that certain children are resident for long periods in sanatoria or other institutions and are, consequently, not available for examination by the school medical staff.

IV.

NUMBER OF SPECIAL VISITS BY THE SCHOOL MEDICAL OFFICERS.

A regular revisiting of all the schools was undertaken by the medical staff during the year. This is in accordance with the usual practice and is an essential part of the scheme of medical inspection and supervision. This revisiting of schools has a threefold object, namely :—

1. To re-examine all children who were found at the routine examination to be suffering from some condition requiring attention and whose parents had been duly notified to that effect.
2. To examine " age group " children who were absent at the regular routine examination.
3. To examine any special cases that may arise during the intervals between the school medical officers' visits.

In addition to these visits of supervision a large number of visits was made in connection with a special investigation of necessitous children. This will be dealt with in a later section of this Report. During the revisiting of schools opportunity is taken to examine applicants for certificates to engage in part-time employment and also to examine and report on certain children for whom special education may be necessary.

It is frequently very difficult to apportion a medical officer's time at a school revisit as he never knows what number of special cases may be presented to him by the class teachers for his opinion. When the condition for which advice is sought is a physical one,

the matter can usually be promptly dealt with, but when advice is asked regarding the mental state of a pupil it is quite a different matter. To undertake a mental testing of a child takes, approximately, an hour—frequently longer—and when several backward children are presented, all at the same time, one can realize how greatly the medical officer's time is encroached upon. Hence, all teachers are requested to submit to the office the names of those children for whom mental testing is desired so that a special appointment may be made for each child.

During the year the Assistant School Medical Officers paid 550 revisits to the schools whilst during the same period the Executive School Medical Officer made 199 visits, making a total of 749 special visits for the staff. (This is exclusive of the regular visits paid by members of the school nursing staff to those schools which are served by a minor ailments clinic). The number of children actually examined at these revisits amounted to **16,236.** For the number of children examined under the various categories—malnutrition, clothing, employment, absentees, etc.—see summary on pages 18 and 19 of this Report.

V.
SANITARY CONDITION OF SCHOOLS.

Throughout the whole educational area the sanitary condition of the schools continues to be generally satisfactory although there is always a difficulty in those rural areas which are not supplied with a water carriage system of excrement disposal. However, in those schools where the dry closet has still to be employed the question of employing the " Elsan " type of closet is being considered. The various sanitary authorities in the area—both county and burghal—are satisfied that the sanitary condition of the schools is being efficiently maintained.

VI.
(A) ORGANISATION AND ADMINISTRATION.

This is in accordance with the scheme submitted to the Department of Health for Scotland.

(B) SCHOOL NURSES.

1. Number on Staff.

The total number of nurses on the staff remains at 20. These are allocated as follows :—For medical inspection and supervision, 7 ; for treatment, 13.

2. Duties in School.

This matter was very fully gone into in last year's Report and it is not considered necessary to repeat what was then written.

3. Duties in Visiting.

For full details regarding these duties see Report for year 1929-30. The number of special visits paid to homes during the session was 595.

(C) ARRANGEMENTS FOR "FOLLOWING UP."

A full account of the arrangements in force in connection with the "following up" of cases requiring attention was given in the Report for year 1929-30.

(D) SUPERVISION OF INFECTIOUS DISEASE INCLUDING SCHOOL CLOSURE.

The supervision of infectious and contagious diseases in school continues to be regularly carried out. Immediate exclusion of all children suffering from such diseases is ordered when the staff becomes aware of the condition and head teachers are assiduous in excluding any suspicious case which may be discovered in school. The co-operation of the teaching staffs in this respect is invaluable and where a doubtful case is discovered amongst the pupils the policy of "safety first" is adopted and the child is told to remain off school pending a report either from the family doctor, the public health authority, or the school medical officer. The minor ailments clinics are largely made use of for determining cases of suspected infectious or contagious disease and where the latter condition is discovered prompt treatment can be afforded.

Although there were several epidemics in many districts, particularly epidemics of measles, it was not found necessary, or even advisable, to close any of the schools or departments of schools. School closure plays little, if any, part in the shortening of an epidemic and the practice has largely fallen into desuetude, especially in urban areas.

Reference to Tables X. in the Report will show the number of infectious or contagious diseases discovered in school during the visits of the school medical officers. It will be observed that the "notifiable" diseases are very few in number, only 1 case of scarlet fever and 3 cases of diphtheria having been found during the year. There has been a definite fall in the number of scabies cases compared with last session, 384 as against 462. This may still appear to be a large number, but the great majority of the cases were slight and only in very few instances could it be said that the infection was extensive.

The County Bacteriologist (Dr. Gow Brown) examined and reported upon 32 specimens submitted to him—ringworm, 19; diphtheria, 10; urine sample, 3. Of these, 8 ringworm specimens and 3 diphtheria specimens were found to be positive; 1 urine specimen showed albumen.

(E) CO-ORDINATION WITH PUBLIC HEALTH SERVICES.

Close co-operation with the various public health services continues to be maintained and there is a free exchange between these services and the school medical service of all information likely to affect the health of the school children. Ultra-violet ray treatment and sanatorium treatment are readily given by the burghs, free of cost, to all cases resident within the burgh area who have been recommended by the school medical officers. Where artificial

sunlight treatment is given the burgh medical officers have made every endeavour for this being afforded at such times as will least interfere with a child's attendance at school. The treatment is not limited to children certified as suffering from some form of tubercular disease but is also afforded to cases of debility, marasmus, rickets, etc., and to certain cases of skin affection.

On the other hand, the medical officers of health notify to the school medical service certain debilitated children who are in attendance at their tuberculosis clinics or who have recently had a course of sanatorium treatment and for whom a period of attendance at a special school is considered advisable before resuming ordinary school attendance and every endeavour is made to have such children dealt with. They also frequently notify their dispensary cases of school age for tonsil and adenoid operation or for dental treatment and, usually, these can be promptly dealt with.

The joint use of clinics by the public health authorities and the school medical service is in operation at Motherwell, Hamilton, and Blantyre and a similar scheme for Coatbridge Burgh has recently been adopted.

The various health authorities have always promptly carried out special disinfection of schools or classrooms when this has been requested.

(F) PRESENCE OF PARENTS AT MEDICAL INSPECTION AND TREATMENT CENTRES.

The attendance of parents at the treatment clinics—ophthalmic, dental, nose and throat, and minor ailments—has always been very satisfactory and parental interest in the treatment of the children remains unabated. It cannot be said that there is the same general interest in the case of the routine *inspection* of the children at school, the number of parents attending being relatively small. Throughout the year under review 1,125 parents attended at the schools when the routine inspection was being conducted and of these 76 per cent. were in connection with the examination of the infant children (entrants) ; 18·5 per cent. in connection with 9 years old group ; and 5 per cent. in connection with the 12 years old group. Only on very rare occasions did a parent attend at the examination of the 16 years old pupils. In the senior groups the pupils themselves are largely responsible for the non-attendance of their parents, not only at the routine medical inspection but also, frequently, at the treatment clinics as they (the pupils) consider it savours of childishness to be accompanied on such occasions by a parent. This feeling of independence makes itself manifest at an early age, even in the 9 years old group, and the children, perhaps rightly, soon become the arbiters of what is the " correct thing " at school.

When *special* examinations have to be conducted and an appointment is made with the parents, in very rare instances, indeed, do the parents fail to attend. In fact, it might be said that non-attendance at such times is practically unknown.

(G) SPECIAL EXAMINATIONS.

(*a*) *For Infectious or Contagious Diseases.*—When intimation is received from a head teacher that infectious disease has appeared amongst his pupils and is threatening to become epidemic in character, a visit is paid to the school at the earliest possible moment by the school medical officer with a view to discussing how best the outbreak may be controlled. In the case of measles, mumps, chickenpox, and whooping cough, guidance is given as to excluding all children exhibiting early symptoms of the diseases. These visits may do something to protect those children still unaffected, but, usually, the epidemic has got a firm grip in the district even before it becomes definitely noticeable in school. Especially is this the case with measles which, so far, has eluded all efforts of control when once it has appeared in appreciable numbers in a district. The school is popularly considered to be the centre for the propagation of all epidemic diseases but those who thoughtlessly give voice to this opinion seem to ignore the close contact of children that occurs outside of school hours—in the homes, picture houses, Sunday school, and in the streets. So far from being breeding grounds of disease, the schools are, without question, the most sanitary, freely-ventilated, and best lighted buildings in any community and are under better hygienic control than the great majority of private houses.

The controlling of *contagious* diseases is much more easily effected and prompt exclusion from school of any child suffering from a contagious condition such as scabies, impetigo, or catarrhal conjunctivitis, will protect the other members of the class. Especially is this so if, at the same time, the child is speedily placed under the care of the family doctor or attends the school minor ailments clinic. All teachers are now fully alive to the necessity for excluding such cases and the regular visiting of the schools by the school nurse in charge of the local minor ailments clinic is exceedingly helpful in early cases of contagious disease being discovered and promptly dealt with.

(*b*) *Absentee Pupils.*—During the year under review a very large number of examinations was made of children who had been absent from school for more or less prolonged periods or who, although of school age, had not yet enrolled at any school. These cases were usually received from the clerk to the local school management committee but quite a considerable number of requests for special examination of pupils came directly from head teachers. In no instance were any of the requests from the latter source refused but it would be well, for the sake of uniformity, if all requests for such examination came through the local school management committee as this is the recognised official channel. In any case, to keep the local attendance officers acquainted with the school medical officers' findings and recommendations regarding the children examined, a report is always submitted to the clerk to the local committee.

It must again be emphasized that head teachers should not send children for examination to the school medical inspection offices without notice being given and an appointment made. This would

not only greatly facilitate the work of examination but would also avoid disappointment to parents who, perhaps, have come a considerable distance only to find that the medical officer is not available.

During the year under review, no fewer than 1,025 examinations were made of absentee pupils. The following table shows the School Management Area from which the requests for examination were received and the number of children involved :—

School Management Area.	Number of Children.
1, ...	8
2, ...	26
3, ...	30
4, ...	99
5, ...	59
6, ...	163
7, ...	43
8, ...	42
9, ...	127
10, ...	35
11, ...	128
12, ...	121
13, ...	125
14, ...	19
	1,025

(*c*) *Physically Invalid Children.*—Properly speaking, the children included in this category should only be those who suffer from a physical disability of such a degree as to necessitate special educational facilities being made for them. It is often, however, a difficult matter to draw a clear dividing line between children who suffer from a disablement which would not necessarily prevent them from continuing ordinary school attendance and those who are definitely unfit for such attendance, either temporarily or permanently. The same difficulty is frequently experienced in deciding between the two latter classes.

As a matter of actual experience, the temporarily unfit children far outnumber those who are permanently disabled and the Committee's special schools for invalid children are largely composed of the former class of child. In the permanently unfit category are included blind (or educationally blind) and deaf-mute children who will require special education for the whole period of their school life, as well as cases of chronic epilepsy, some of the more pronounced cases of heart disorder, and certain severe cases of nervous disease. Amongst the temporarily unfit are cases of debility following some acute or prolonged illness, young children who have lost a limb or who suffer from the effects of infantile paralysis, speech defects such as stammering or faulty articulation, less pronouneed cases of heart disorder, mild cases of chorea, and so on.

To discover which children will require temporary or permanent provision for special education it is necessary to examine all cases notified from the various districts but frequently it is found that

the alleged disablement is of a trivial nature. It is a fairly universal human characteristic to magnify an ailment and more especially is this so when the ailment is a trifling or even an imaginary one. The harrowing, pathological details enumerated by a parent regarding her child's condition are frequently belied by the red-cheeked, sturdy, and eminently fit little specimen produced. The conditions at the Committee's special schools are so attractive that they constitute a lure to many parents and the examining medical officer has constantly to be on guard against admitting unsuitable cases. The former parental opposition to special school education has now almost entirely disappeared.

For some years past it has been the practice of the Committee to undertake the education of deaf-mute children before the normal age of 5 years, provided the children were physically and mentally fit to receive education, and every encouragement has been given to the parents to accept this offer. This is a very proper procedure and in several instances parents have accepted. The most suitable place for such young children is, undoubtedly, in the nursery section of an institution specially devoted to the education and training of deaf-mutes but difficulty has frequently been experienced in persuading parents to part with their children at such a tender age. Although these parents all recognise the great benefits accruing from speech education at the earliest possible time the maternal instinct to retain their children as long as possible in the home comes into play and, usually, the heart over-rules the head. It is not given to every mother to be endowed with a true Spartan sense of duty. It has been the writer's experience that parents more readily agree to a blind child being sent to an institution for education than a deaf-mute child. Probably this is due to the helplessness of the blind being much more obvious than that of the deaf.

During the past year, 609 children who suffered from varying degrees of physical disability were examined and, where necessary, arrangements were made for special educational facilities being afforded. Included in this number were the following :—blind children, 7 ; high myopes, 4 ; deaf-mutes, 11 ; speech defects, 2.

The school medical inspection offices are still frequently used by parents for the purpose of having special examination made of their children and also for the purpose of interviewing the executive school medical officer to discuss the educational and occupational prospects of the children. During the past session 46 such interviews were given to parents, 20 mental cases were examined and mentally tested, 55 physically invalid children (including blind and deaf-mutes) were examined, 18 examinations of juvenile offenders under the Children and Young Persons Act, 1932, 9 members of the Committee's staff, 2 adult blind persons, and 20 junior student candidates, making a total of 170 examinations and interviews at the offices.

In many instances where it was impossible or inconvenient to bring a child to an examining centre (a school, clinic, or office) the home was visited and the examination conducted there. In this connection, the executive school medical officer made 48 home visits

Bye-Laws under the Employment of Children Act, 1903, and Education (Scotland) Act, 1918.

STATEMENT SHOWING NUMBER OF CHILDREN EXAMINED, NUMBER OF CERTIFICATES GRANTED OR REFUSED, AND NATURE OF EMPLOYMENT

SCHOOL MANAGEMENT COMMITTEES.	No. of Children Examined.	Certificates.		NATURE OF EMPLOYMENT.			
		Granted.	Refused.	Milk Carrier.	Delivering Newspapers.	Delivering Messages.	Lather Boy.
Number 1	22	22	—	4	6	12	—
,, 2	4	4	—	1	2	1	—
,, 3	55	54	1	14	30	10	—
,, 4	55	55	—	18	25	12	—
,, 5	41	39	2	9	25	5	—
,, 6	188	187	1	80	63	42	2
,, 7	59	59	—	16	36	7	—
,, 8	180	179	1	103	61	15	—
,, 9	92	92	—	46	40	6	—
,, 10	46	46	—	27	17	2	—
,, 11	97	97	—	57	33	7	—
,, 12	102	102	—	57	36	9	—
,, 13	131	128	3	47	58	22	1
,, 14	149	147	2	94	40	12	1
TOTAL	1221	1211	10	573	472	162	4

(31 for physical defect and 17 for mental defect), and the other members of the school medical staff made 363 home visits (273 for physical defect and 90 for mental defect), making a total of 411 home visits to invalid children.

(*d*) *Mentally Invalid Children.*—During the year under review 134 children were specially examined on account of suspected mental defect. The majority of these cases came through the clerk to the local school management committee but a considerable number were submitted by head teachers and by family doctors. Certain of the cases, also, were discovered at the routine medical inspection by the school medical staff.

The procedure followed in the estimation of the mental condition of the children brought to the notice of the school medical officers was fully explained in last year's report and the difficulty which may arise in deciding between mere backwardness and actual feeble-mindedness was emphasized.

Of the 134 specially subjected to mental testing, 50 were found to be of such low mentality as to render them unable to profit from the instruction afforded at a special school or class. These cases were duly notified to the General Board of Control and to the public assistance officer of the district in which the children resided. As in former years, the reports submitted were as complete and detailed as possible, not only dealing with the mental state of the child but also with its physical condition, early history, home conditions, and whether previous education had been tried and proved unavailing. It is not always possible to obtain as full a family history as might be desired as parents are exceedingly reluctant to give details of what, they consider, casts a blot on the family escutcheon. It has been the writer's experience over a long number of years that mothers, when questioned as to any hereditary nervous tendency in the family, almost invariably throw the "blame" on "the other side of the house."

Included in the above 50 cases reported to the General Board of Control are certain children who had been in attendance at the mental classes of the Committee's special schools and who had, after prolonged and sympathetic trial, been found unable to make any real progress there. These children had all received a very generous period of probation before a final decision was reached, but there was usually some disappointment expressed by the parents when they were told that their children were unsuitable for further attendance. This, to a large extent, is due to the different criteria of educability held on the one hand by the parent and on the other by the teachers and school medical officer. One thing is certain, that at the special schools the decision to discontinue a child's education is not lightly taken. There is no breaking of the bruised reed or quenching of the smoking flax, and if there is anything to criticise in the conducting of the mental classes at the special schools it is the reluctance shown by many of the teachers to part with children even though they have signally failed to respond to the education provided. Here, again, the feminine heart is somewhat apt unduly to influence the head.

(*e*) *Visits to Special Schools.*—Throughout the session the four special schools (Drumpark, Knowetop, Woodburn, and Dalton) were regularly visited and all of the children subjected to medical examination. At least three regular visits are paid during the year to these schools, but many more visits are paid other than these routine ones. The physically invalid children are kept under constant observation so that a child may not remain at the special school longer than is required in the interests of his health. A careful watch is also kept on the progress of the mentally invalid children with a view to determining whether reasonable scholastic advance is being made.

The high myope children are under the regular care of the visiting ophthalmic surgeon and, as routine, are seen by him on at least two occasions during the session.

During the past year the number of physically invalid children who, after medical examination, were considered able to resume ordinary school attendance without injury to their health amounted to 92.

(*f*) *Employment of Children Act.*—All applicants who desired to engage in part-time employment in accordance with the Committee's Bye-laws were subjected to medical examination to ascertain their fitness to undertake such work before a permit was granted by the Committee. The numbers applying during the year show a very considerable increase on those of the previous year—1,221 as compared with 677. The accompanying table shows in detail the number of applicants examined, the number granted permits and the number refused, the nature of the part-time employment desired, and the various school management areas from which the applications were received. Milk carrying and newspaper delivery together account for over 85 per cent. of the applications.

(*g*) *Blind Persons Act* (1920).—In accordance with the provisions of the Act, the Executive School Medical Officer examined and reported upon 2 adult blind persons who desired to enter on a course of vocational training.

(*h*) *Members of Education Committee's Staff.*—During the past session 14 medical examinations were made of members of the Committee's staff. Nine of these examinations were conducted at the medical inspection offices, 3 at the homes, and 2 at school. They concerned 7 teachers, 4 janitors, 1 attendance officer, and 2 school cleaners.

(*i*) *Examination of Necessitous Children.*—During the course of the year many special examinations were conducted in the case of children for whom application had been made for boots and clothing. It has been the practice of the Committee in recent years to grant boots to children in accordance with a scale of necessity based on the weekly income of the household, but in October, 1933 the Committee decided that boots would be supplied only in cases where the Executive School Medical Officer (or members of his medical staff) certified that the physical condition of the children was such that they were, owing to lack of boots or clothing, unable to take advantage of the education provided. As the number of applications to be dealt with was exceedingly large—amounting to

many thousands—and as the matter was one of urgency the whole of the routine work of medical inspection was suspended for the time being to enable the medical staff to concentrate on these special examinations. After the examinations had proceeded for a fortnight the Committee rescinded their orders and returned to their former procedure of only calling for medical reports in special cases. The number of children examined during the experimental period above mentioned was 6,932. Throughout the whole year, the actual number of necessitous children examined either for boots, clothing, or food amounted to 7,008.

The withdrawal of the medical staff from the work of routine inspection in October to engage in the special boot examinations had its repercussion later in the session on the routine work and it will be observed that the number of children seen at " revisits " is considerably less this year than in former years. If, however, the special examinations for boots are taken into account the number of children who actually passed through the medical officers' hands is considerably greater than that of the previous year. (See summary of work done, pages 18 and 19).

(*j*) *Examination of Students in Preliminary Training.*—In accordance with the regulations governing the Preliminary Education, Training, and Certification of Teachers, 20 candidates were medically examined by the Executive School Medical Officer during the past year.

(*k*) *Children and Young Persons (Scotland) Act,* 1932.—This Act came into force towards the end of 1933 and very soon, thereafter, applications for medical reports concerning alleged juvenile offenders were received from the various courts throughout the County which dealt with such cases. From December, 1933, till 31st July, 1934, no fewer than 51 medical examinations were conducted and reports furnished. These examinations concerned 46 boys and 5 girls. The examination of each case deals not only with the physical condition of the child or young person but also involves an estimation of the alleged offender's mental condition, this latter being much the more difficult part of the examination.

The conducting of these examinations makes a serious call on the time of the school medical officer, not so much from the numbers involved as from the short interval of time usually allowed for the carrying out of the examination. The requests for the medical reports are usually couched in the most urgent terms and, repeatedly, work of, at least, equal importance has had to be hastily cancelled in order that the court might not be inconvenienced. Frequently, barely forty-eight hours' notice was received and when one considers the wide area involved—Bishopbriggs, Rutherglen, Motherwell, Cambuslang, Bellshill, Coatbridge, Hamilton, Shotts, Airdrie, Lanark, and Glasgow have each furnished its quota of cases—one will realize the difficulty encountered in overtaking the work when timeous notice is not afforded. There would appear to be little, if, indeed, any reason why, at the very least, four clear days' notice should not be given to permit of the school medical officer making the necessary arrangements for conducting the examination.

VII.

THE PHYSICAL CONDITION OF THE SCHOOL CHILDREN.

(A) TOTAL NUMBER OF CHILDREN EXAMINED.

(*a*) At Systematic Examinations :—

	1933-34.		1932-33.	
	Boys.	Girls.	Boys.	Girls.
Entrants (6 years' old), ...	4,731	4,605	4,966	4,885
Intermediates (9 years' old),	5,054	5,022	5,095	5,023
Seniors (12 years' old), ...	5,563	5,491	5,732	5,728
Secondary Pupils (16 years and over), ...	628	350	426	260
	15,976	15,468	16,219	15,896
Total, ...	31,444		32,115	
(*b*) Special Cases (non-routine),	5,300		5,797	
Grand Total,	**36,744**		**37,912**	

(*c*) Pupils examined at Re-visits :—

Number examined at 1st Re-visit,	8,019	8,063
,, ,, 2nd ,,	6,302	6,970
,, ,, 3rd ,,	1,771	4,257
,, ,, 4th ,,	144	1,816
	16,236	**21,106**

(*d*) Examination of Students in Preliminary Training :—

	1933-34.	1932-33.
Entrants, ...	20	—
During Training (1st, 2nd, and 3rd years),	17	28

(*e*) Examination of Physically and Mentally Invalid Children in attendance at Special Classes :—

1. Physically Invalid, ...	726	716
2. Mentally Invalid, ...	300	251

(*f*) Special Examination of Physically and Mentally Invalid Children :—

1. Physically Invalid, ...	609	1,190
2. Mentally Invalid, ...	134	116

	1933-34.	1932-33.
(*g*) Special Examination of Irregular Attenders :—		
Number Examined, ...	282	176
(*h*) Examination of Children under Employment of Children Act (1903) :—		
Number Examined, ...	1,221	677
(*i*) Examination of Adult Blind Persons (Blind Persons Act, 1920), ...	2	3
(*j*) Examination of members of the Education Committee's Staff, ...	14	6
(*k*) Examination of Necessitous Children (Malnutrition, Boots, etc.), ...	7,008	207

SUMMARY OF CHILDREN DEALT WITH UNDER THE SCHEME OF TREATMENT.

	1933-34.	1932-33.
1. Dental Treatment :—		
Number of Children Dentally Examined,	74,142	69,006
Number of Children Notified, ...	44,353	45,899
Number of Children Dentally Treated,	21,352	21,827
2. Visual Treatment :—		
Number of Children Treated by the Ophthalmic Surgeons, ...	2,970	3,226
Number of Children Re-examined by the Ophthalmic Surgeons, ...	4,685	5,344
Number of Attendances at the Ophthalmic Clinics, ...	7,655	8,570
3. Ear, Nose and Throat Treatment :—		
Number of Children Treated by Nose and Throat Specialists, ...	379	362
Number of Attendances at Treatment Centres, ...	1,073	1,178
4. Treatment of Minor Ailments :—		
Number of Children Treated, ...	11,218	10,894
Number of Attendances made, ...	75,691	76,410
5. Clinics attached to Special Schools :—		
Number of Attendances made, ...	24,053	24,092

(B) NUMBER OF CHILDREN NOTIFIED TO PARENTS AS SUFFERING FROM DISABILITIES.

For the year ended 31st July, 1934, the total number of children notified to their parents on account of some disability or ailment discovered in the course of medical examination at school amounted to 10,696, and the total number of such disabilities, exclusive of defective teeth, was 14,482. These numbers show an improvement on those for the previous year, when the corresponding figures were 11,468 and 15,640. The improvement, although not striking, is a clear indication that, in spite of depressing economic factors, the health conditions of the school children in the County are not deteriorating. On referring to the statistics of ten years ago (1923-24), it is found that the number of children then notified was 11,207, and the number of defects found totalled 16,609, when, practically, the same number of children were examined as during the past session. Going still further back to the statistics of twenty years ago (1913-14) it is found that although the number of children examined was 3,500 fewer, the number notified to parents on account of disability or defect was 10,847 and the number of such disabilities amounted to 14,229.

These figures do not indicate a rapid deterioration in the health of the children during recent years but, on the contrary, point to a steady improvement even though the more recent statistics refer to a period of unparalleled economic distress, whilst the earlier statistics cover a period of industrial activity and plenty. But it has now become the fashion to declaim from platforms and from the correspondence columns of the public press that our nation is rapidly becoming physically degenerate and sinking to the level of some arbitrary alphabetical index. This is not borne out by the statistical records of the school children in this County, and if the recruiting figures for candidates for the fighting services are adduced to confirm the alleged national physical decadence there must surely have been a very rapid deterioration in physique and general fitness in the interval between leaving school and the application for enlistment. Of course, the standard of physical fitness now demanded by the services may be a very high one, especially if applicants are plentiful and the numbers to be enlisted are restricted. Be that as it may, it cannot be said that in such a typically industrial district as Lanarkshire is there any real cause for "alarm and despondency" regarding the general fitness of a large section of its population, namely, those between the ages of 5 and 16 years.

As in previous years, a large number of the defects found during the examination of the children were of a minor degree, but of such a nature that, if left untreated, might have developed into something more serious.

In the matter of the clothing of the children there is a further improvement on the conditions found last year. In only 57 cases out of the 31,444 pupils examined at the routine inspection was the clothing found to be insufficient in quantity, but, as against this, in 101 instances children were found to be grossly overclad.

There is also an improvement this year in the percentage of cases where the clothing was in need of repair. The greatest credit must be given to the vast majority of parents for the care which they exercise in the matter of their children's clothing, both as regards its adequacy and cleanliness. The high general standard of the children's footgear is a tribute to the Committee's scheme for the supplying of boots in necessitous cases.

In regard to cleanliness of the head and body, an improvement also has to be recorded this year. The presence of nits, even though these be exceedingly few in number and the hair and scalp otherwise clean, are noted by the medical officer. Where there is definite evidence of carelessness a note is sent to the parents calling for the matter to be immediately remedied, and in 1,485 cases was this done. The pupils affected were principally girls. Only in 403 cases were actual head vermin found during the routine examination, whilst in 163 cases body vermin were discovered. Such cases were immediately dealt with. There can be no compromise with dirt or neglect. What was written in last year's report regarding the comparative absence of fleas in this County has recently been dealt with in certain medical journals and the conclusion come to is that this applies to practically the whole country. The reason for this is, meantime, obscure, but none the less satisfactory on that account.

The figures relating to the state of nutrition of the school children, although still satisfactory, show a slight falling off on the previous year's standards. Of the routine children examined, 96·54 per cent. were in the category of "average and above average"; 3·3 per cent. were "below average," and only in 0·15 per cent. (47 cases altogether) was the condition definitely bad. As has frequently been emphasized, poor nutrition does not necessarily mean that an insufficiency of food is being given as many factors are involved, besides food, in the building up and maintaining of a healthy body. Should the proposed milk distribution to large numbers of school children be adopted it will be interesting to observe what improvement results in the statistics relating to nutrition. Although there is no denying that an improvement will accrue, the effects should not be immediately looked for but rather after a reasonable interval of time has intervened. Certainly, the very marked improvement in the nutrition of debilitated children in attendance at the Committee's special schools where milk forms one of the principal constituents of the dietary is highly significant.

There is still a large number of children who suffer from varying degrees of tonsillar enlargement and the percentage of such children does not appear to be appreciably diminishing. Where the enlargement was slight there is a distinct improvement in the numbers this year but the cases of marked enlargement have not shown any definite tendency to fall. The same can be said of adenoids. One thing that is encouraging, however, is the readier tendency of the parents to seek operative treatment either at the hands of the Committee's specialists or at the public hospitals, and this course is advised where the enlargement has persisted in spite of local or general treatment or where there are recurring attacks of sore throat, persistent mouth breathing, interference with hearing, etc.

In regard to the skin conditions found at the routine inspection it is very satisfactory to record that for the second year in succession no case of ringworm of the head was present and for several years no case of favus has been discovered. The cases of impetigo usually yield rapidly to treatment at the minor ailments clinics and the regular supervisory visits of the clinic nurse to the schools result in early cases being discovered and promptly dealt with. The unsightly scabbing of children's faces which used to be quite a common feature of the streets is now almost a thing of the past. One case of persistent and extensive eczema of the scalp which had been treated at home for many months by the parents with various medicaments, but without any good result, was admitted to one of the Committee's special schools. Daily treatment at the school clinic resulted in a complete cure in a few weeks' time and the resumption of ordinary school attendance by the girl.

The investigation of cases of heart disorder is still proceeding and it is hoped that at the end of the three years' enquiry when practically all of the children in the schools will have come under examination an analysis will be made of the cases met with. Heart affection, particularly congenital and acquired heart disease, is probably the principal physical defect which gives rise to most concern as the condition is one which usually persists throughout life. It will be seen from the accompanying tables that no fewer than 221 cases of acquired organic heart disorder were discovered during the routine examination of the children. It has been the practice for several years past to have children suffering from this condition admitted to one or other of the Committee's special schools for observation and education. In these schools the work and play of the children can be supervised and mid-day rest afforded to those whom it would benefit—which means practically every child suffering from the condition.

Functional heart trouble was largely confined to girls, and precautions were also taken in their case both as regards school work and physical exercise.

Of the various ailments or disabilities notified to parents the following are the more important :—

Skin diseases (impetigo, eczema, scabies, etc.), 995 ; external eye diseases (blepharitis, conjunctivitis, styes, corneal ulcers, etc.), 998 ; defective vision, 3,331 ; squint, 772 ; enlarged tonsils, 1,938 ; adenoids, 762 ; ear disease (including accumulation of wax), 476 ; disturbance of heart or circulation, 563 ; respiratory diseases (bronchitis, asthma, catarrh, etc.), 194 ; diseases of nervous system, 57 ; tuberculosis (non-pulmonary), 28 ; defective hearing, 50 ; enlarged lymphatic glands, 151. (For full statistics, see Tables D—X, pages 24-34).

On comparing the foregoing figures with those of last year it is found that in every condition requiring notification there is an appreciable improvement this session. In some few instances the diminution in the numbers notified is not striking, but in the majority the improvement is quite marked. In regard to defective eyesight, the statistics obtained over a long period of years are remarkably uniform and it would appear that until the cause of defective vision in children has been discovered the percentage

of children with bad eyesight will remain fairly stationary in any school community.

In regard to dental defects, 44,353 children were found to require more or less urgent dental treatment and these cases were duly notified to the parents and treatment offered. A full account of the dental condition of the school children will be found in a subsequent section of this Report. (Pages 46-50).

(C) NUMBER OF CHILDREN WHO RECEIVED ATTENTION, EXCLUSIVE OF DEFECTIVE TEETH.

Of the 10,696 children notified as requiring attention (including conditions of uncleanliness), **6,898,** or 64·5 per cent. were found, on subsequent examination, to be cured, improved, or under treatment. This percentage shows a fall on last year's figures (67·5) but this is certainly due to the fact that during the past session the usual amount of revisiting of schools and re-examination of the notified cases could not be overtaken on account of the time occupied in the special boot investigation undertaken by the members of the medical staff. As has been previously stated, no cures or improvement are recorded merely on hearsay evidence, but are only noted after actual examination of the child by the school medical officers.

The statistics regarding the treatment of diseases of the skin, eye, ear, nose, throat, etc. are given in subsequent sections of this Report but it is of interest to note that during the past year no fewer than **11,218** children attended at the minor ailments clinics. The total number of attendances made there amounted to 75,691. In addition there were 24,053 attendances made at the minor ailments clinics attached to the Committee's special schools. (See report on pages 52-54).

The number of cases of visual defect dealt with by the Committee's ophthalmic surgeons during the past session was very satisfactory, **2,970** coming under full ophthalmic examination and **4,685** for re-examination and supervision, making a total attendance at the clinics of 7,655. (See Visual report, pages 38-45).

For diseases of the ear, nose and throat, **379** children were treated at Hamilton and Motherwell clinics, the number of attendances made being 1,073. (See Ear, Nose, and Throat report, page 51).

The dental statistics (see pages 46-50) show that **21,352** children received treatment during the year.

(D) CLOTHING.

Systematic Cases.							Special Cases.
Number Examined.	Insufficient.		In need of Repair.		Dirty.		Number found Defective.
	Number	Per cent.	Number	Per cent.	Number	Per cent.	
31,444	57	·181	690	2·194	1,186	3·772	188

Also recorded "Overlead" 101; percentage ·321.

(E) FOOTGEAR.

Systematic Cases.			Special Cases.
Number Examined.	Unsatisfactory.	Percentage.	Number found Unsatisfactory.
31,444	784	2·493	15

(F) AVERAGE HEIGHTS AND WEIGHTS.

BOYS—AVERAGE HEIGHT IN INCHES.

Average age in years, ...	6½	9½	12½
County of Lanark Average,...	44·3	51·1	56·4
Anthropometric Standard, ...	44·1	50·7	56·0
Difference, ...	+0·2	+0·4	+0·4

GIRLS—AVERAGE HEIGHT IN INCHES.

Average age in years, ...	6½	9½	12½
County of Lanark Average,...	44·1	50·9	56·6
Anthropometric Standard, ...	43·6	50·0	56·8
Difference, ...	+0·5	+0·9	−0·2

BOYS—AVERAGE WEIGHT IN LBS.

Average age in years, ...	6½	9½	12½
County of Lanark Average,...	47·3	63·9	80·2
Anthropometric Standard, ...	47·0	64·9	79·4
Difference, ...	+0·3	−1·0	+0·8

GIRLS—AVERAGE WEIGHT IN LBS.

Average age in years, ...	6½	9½	12½
County of Lanark Average,...	44·6	60·2	80·7
Anthropometric Standard, ...	44·8	59·3	80·2
Difference, ...	−0·2	+0·9	+0·5

(G) (1) CLEANLINESS OF HEAD.

Systematic Cases.					Special Cases.
No. Examined.	Nits.	Per cent.	Verminous.	Per cent.	No. found Defective.
31,444	3,536	11·245	403	1·281	591

(G) (2) CLEANLINESS OF BODY.

Systematic Cases.					Special Cases.
No. Examined.	Dirty.	Per cent.	Verminous.	Per cent.	No. found Defective.
31,444	1,549	4·926	163	·518	232

(H) (1) CONDITION OF SKIN—(HEAD).

Systematic Cases.									Special Cases.
No. Examined.	Ring-worm	Per cent.	Im-petigo	Per cent.	Favus	Per cent.	Other Diseases	Per cent.	No. found Defective.
31,444	0	—	83	·264	0	—	96	·305	120

(H) (2) CONDITION OF SKIN—(BODY).

Systematic Cases.									Special Cases.
No. Examined.	Ring-worm.	Per cent.	Im-petigo	Per cent.	Sca-bies.	Per cent.	Other Diseases.	Per cent.	No. found Defective.
31,444	9	·029	166	·527	45	·143	929	2·954	488

(I) NUTRITION.

Systematic Cases.							Special Cases.
No. Examined.	Average and above Average.		Below Average.		Very Bad.		Number found Defective
	Number	Per cent.	Number	Per cent.	Number	Per cent.	
31,444	30,355	96·537	1,042	3·314	47	·149	61

(J) TEETH.

The routine yearly examination of all school children between the ages of 5 and 12 years is conducted by the Committee's dental surgeons. Pupils above the age of 12 years, including 16 years' old scholars and students in preliminary training, are dentally examined by the school medical officers during the course of routine examination but any senior pupil not in the age group examined may be put forward for dental examination as a non-routine case. The statistics regarding the routine dental examination by the dental surgeons will be found in a subsequent section of this Report (pages 46-50).

The dental examination conducted by the medical officers shows that of the 978 scholars examined 353, or 36·1 per cent. stood in need of treatment and the usual facilities were offered them. This percentage of dental unfitness in the older groups of scholars shows an improvement on last year's figures when the corresponding percentage was 37.

(K) (*a*) NOSE.

Systematic Cases.							Special Cases.
No. Examined.	Catarrh.		Obstruction.		Other Diseases.		Number found Defective
	Number	Per cent.	Number	Per cent.	Number	Per cent.	
31,444	1,106	3·517	298	·947	67	·213	159

(K) (*b*) THROAT.

Systematic Cases.											Special Cases.
Number Examined.	Tonsils.				Adenoids.				Other Diseases.		Number found Defective.
	Slightly Enlarged.		Markedly Enlarged.		Probably Present.		Present.				
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
31,444	5,604	17·821	1,681	5·346	1,055	3·355	564	1·794	93	·296	614

(K) (*c*) LYMPHATIC GLANDS (Submaxillary and Cervical).

Systematic Cases.									Special Cases.
Number Examined.	Palpably Enlarged.		Markedly Enlarged.		Suppurating.		Cicatrices.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
31,444	3,191	10·148	101	·321	5	·016	374	1·189	74

(L) EXTERNAL EYE DISEASES.

Systematic Cases.											Special Cases.
Number Examined.	Blepharitis.		Conjunctivitis.		Corneal Opacities.		Strabismus.		Other Diseases.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
31,444	1,117	3·552	317	1·008	82	·261	858	2·729	206	·655	1,022

(M) VISUAL ACUITY.

Systematic Cases.							Special Cases.
Number Examined.	Good Vision.		Fair Vision.		Bad Vision.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
*22,108	16,288	73·675	5,183	23·444	637	2·881	1,215

* Infant Children not included.

(N) EARS.

Systematic Cases.							Special Cases.
Number Examined.	Otorrhœa.		Wax.		Other Diseases.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
31,444	242	·769	310	·986	37	·118	224

(O) HEARING.

Systematic Cases.					Special Cases.
Number Examined.	Slightly Deaf.		Markedly Deaf.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	
31,444	239	·761	26	·083	86

(P) SPEECH.

Systematic Cases.					Special Cases.
Number Examined.	Defective Articulation.		Stammering.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	
31,444	200	·636	83	·264	81

(Q) MENTAL CONDITION.

Systematic Cases.					Special Cases.	
Number Examined.	Dull or Backward.		Mentally Defective.		Dull or Backward.	Mentally Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Number.
31,444	324	1·030	110	·350	71	59

(R) HEART AND CIRCULATION.

Systematic Cases.									Special Cases.
Number Examined.	Organic.				Functional.		Anæmia.		Number found Defective.
	Congenital.		Acquired.						
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
31,444	38	·121	221	·703	601	1·911	670	2·130	196

(S) LUNGS.

Systematic Cases.									Special Cases.
Number Examined.	Chronic Bronchitis.		Tuberculosis.		Tuberculosis Suspected.		Other Diseases.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
31,444	888	2·824	0	—	10	·032	30	·095	91

(T) NERVOUS SYSTEM.

Systematic Cases.									Special Cases.
Number Examined.	Epilepsy.		Chorea.		Infantile Paralysis.		Other Diseases.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
31,444	18	·057	20	·064	56	·178	148	·470	59

(U) TUBERCULOSIS (NON-PULMONARY).

Systematic Cases.											Special Cases.
Number Examined.	Glandular.		Bones and Joints.		Abdominal.		Skin.		Other Forms.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
31,444	16	·051	19	·060	6	·019	7	·022	1	·003	18

(V) RICKETS.

Systematic Cases.					Special Cases.
Number Examined.	Slight.		Marked.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	
31,444	328	1·043	5	·016	11

(W) DEFORMITIES.

Systematic Cases.					Special Cases.
Number Examined.	Congenital.		Acquired (Non-Rachitic).		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	
31,444	93	·296	257	·817	41

(Y) OTHER DISEASES OR DEFECTS.

Although the foregoing tables show the commoner defects found amongst school children, a large number of other conditions were met with during the year. Many of these conditions were not notified to the parents but were noted on the child's medical record card so that at each subsequent examination the progress of the condition could be observed. On the other hand, several acute conditions were found and these were immediately notified to the parents. In such cases the parents, if not present at the examination, were sent for and the gravity of the condition explained to them so that remedial measures might be instituted forthwith. The following are some of the conditions encountered :—

Rheumatism and myalgia, 55 ; enlargement of thyroid gland, 149 ; urinary disturbance, 50 ; thyroid deficiency, 23 ; hernia (rupture), 8 ; undescended testicle, 4 ; appendicitis, 6 ; kidney disease, 6 ; synovitis and bursitis, 6 ; thread worms, 8 ; fractures and dislocations, 7 ; flat-foot, drop-foot, club-foot, etc., 12 ; gastritis, 5 ; cretinism, 1 ; hare-lip, 9 ; " smoker's heart," 7 ; facial paralysis, 2 ; " tongue-tie," 3 ; spina bifida, 2 ; achondroplasia, 1 ; mastitis, 3 ; cysts, 5 ; occlusion of Stenson's duct, 1 ; etc.

VIII.

SPECIAL SCHOOLS AND CLASSES.

1. Physically Invalid Children.

The number of schools for the education of physically invalid is the same as last year, namely, four. These are :—

Drumpark, which serves the parishes of Old and New Monkland, including the Burghs of Coatbridge and Airdrie, and the Shettleston district of Cadder parish.

Dalton, which serves the parishes of Cambuslang, Blantyre, and East Kilbride and the Burgh of Rutherglen.

Woodburn, which serves the Burgh of Hamilton and the parishes of Dalserf and Hamilton.

Knowetop, which serves the joint Burgh of Motherwell and Wishaw and the parishes of Dalziel and Cambusnethan ; also the Newarthill and Carfin districts of Bothwell parish.

The total number of physically invalid children on the roll of the Committee's special schools as at 31st July, 1934, was 673, but there was a considerable number of children awaiting admission and who were due to commence attendance at the beginning of the new session, in August, 1934.

In addition to the foregoing, provision is made for certain children who, on account of inconvenience of residence or special disability, are unable to attend the Committee's special schools. The following is the number of physically invalid children in the

X

INFECTIOUS OR CONTAGIOUS DISEASE TABLE.

The following Tabular Statement shows the number of Scholars excluded from attendance at School by the School Medical Officers, the disease or cause for which exclusion was necessary, and the various Sanitary Areas in which the conditions occurred :—

SANITARY AREA.	Mumps.	Ringworm.	Scabies.	Impetigo.	Epidemic Conjunctivitis.	Other Eye Conditions.	Pulmonary Tuberculosis.	Glandular Tuberculosis.	Lupus.	Abdominal Tuberculosis.	Scarlet Fever.	Measles.	Chickenpox.	Diphtheria.	Whooping Cough.
COUNTY	10	18	149	66	84	10	2	9	3	3	1	1	19	1	2
BURGHS—															
Airdrie	—	9	50	56	10	1	—	1	—	—	—	—	15	—	—
Biggar	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Coatbridge	—	1	24	19	14	8	—	—	—	—	—	—	1	—	—
Hamilton	6	9	90	14	46	14	1	4	—	5	—	—	7	—	—
Motherwell, Wishaw	4	1	53	77	15	2	—	—	—	—	—	—	2	—	—
Lanark	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Rutherglen	1	—	18	31	10	6	—	—	—	2	—	—	3	2	3
TOTAL	21	38	384	263	179	41	3	14	3	10	1	1	47	3	5

educational area, including blind and deaf-mute children, on the roll of Institutions :—

Royal Blind Asylum, Edinburgh, ...	27
Edinburgh Royal Deaf and Dumb Institution, ...	13
Donaldson's Hospital, Edinburgh (Deaf-Mute Children),	4
St. Vincent's Institution, Tollcross (Blind and Deaf-Mute Children), ...	32
Colony of Mercy, Bridge of Weir (Epileptic Children),	6
East Park Home, Maryhill (General Disabilities), ...	11
Total, ...	93

The question of providing a special school for the children residing in Bothwell Parish has again been under consideration by the Committee. It will be recalled that a site at Auchinraith had been secured for the purpose some years ago, but on account of mineral subsidence it was not deemed advisable to proceed with the building of the school until the subsidence had ceased. The report on the site is now favourable and it is hoped that a start will be made in the erecting of the school buildings at an early date. The Committee have also decided to proceed with the completion of Knowetop Special School, Motherwell. This will entail the addition of a department specially devoted to the teaching of mentally invalid children and also the provision of buildings for instruction in cookery, housewifery, woodwork, tailoring, shoemaking, etc. This matter was raised in last year's Report and it is very satisfactory to record that the Committee have so speedily resolved to rectify a condition likely to restrict the activities and efficiency of the school.

Of the physically invalid children at the Committee's special schools who left during the year on account of having attained the age of 16 years, or who were granted exemption from further attendance, it is interesting to note that 32 obtained suitable and regular employment. In the case of those who leave on attaining school leaving age and who have no immediate employment awaiting them, every endeavour is made to get them to attend the local After-Care Centre where they can engage in some useful occupation till such time as regular employment is obtained.

2. Mentally Invalid Children.

At each of the Committee's four special schools provision is made for the education of mentally retarded children, the total number of such children on the roll being 269. Certain children for whom attendance at the Committee's special schools is not convenient are sent for education to Birkwood Institution, Lesmahagow, to St. Charles' Institution, Carstairs, or to Baldovan Institution. All of these are certified institutions. The number of children of school age from this County at present receiving education at these Institutions is 19.

The public interest in the After-Care Centres which were established some years ago in connection with each of the special schools and which are wholly voluntary in character shows no sign of

abating. Each local centre strives—and strives very successfully—to maintain the public interest in the scheme and the constant endeavour is to enlist the sympathy and support of a still larger number of ladies and gentlemen. An Association consisting of the four After-Care Centres in the County was formed a few years ago and this Association holds an Annual Conference at which matters of general, as opposed to local, interest are freely discussed.

Of the mentally invalid children who left school during the year on attaining school leaving age it is reported that six have obtained regular employment.

3. Backward Children.

The problem of the education of dull or backward children, as distinct from definitely mentally retarded children, was fully discussed in last year's report. It is sufficient to say that the problem still awaits solution although signs are not wanting that consideration of this type of school child will form one of the educational crusades of the near future. Educational facilities for the *normal and super normal* children throughout the whole country have attained a high standard and marked progress has been made in the education of the mentally *abnormal*, but the intervening class of children, which might properly be styled the *sub-normal*, remains very much in the legendary position of Mahomet's coffin.

4. Blind and Partially Blind Children.

The only centre for the education of blind or "educationally blind" children under the jurisdiction of the Committee is at St. Vincent's Institution, Tollcross. This is a residential school and serves the needs of the Roman Catholic children both in the burghs and county; the children of Protestant parents are sent for education to the Royal Blind Asylum, Edinburgh. The number of blind children at present being educated at these Institutions is 27 and 27 respectively.

At Drumpark, Dalton, and Knowetop Special Schools provision is made for the education of high-myope children. These are children who, not being blind or "educationally blind," yet suffer from such a degree of impaired vision as to render special educational methods necessary. The myopia from which these children suffer is, frequently, progressive in character, and were they to continue at an ordinary school and be taught by ordinary school methods, severe and permanent injury to the vision might well result. As has already been indicated, the pupils at these special myope classes are under the regular supervision and care of the Committee's ophthalmic surgeons, and the eye specialists are unanimous in their praise of the excellent results obtained at these sight-saving classes. In certain cases where the myopia has become arrested and has remained stationary for a few years, resumption of ordinary school attendance, on trial, has been sanctioned. In general, however, high myope children require special educational facilities for the greater part, if, indeed, not for the whole, of their school life. The number of children on the roll of the high myope classes is at present 51.

TABLE A.—ALL PUPILS EXAMINED AT THE SYSTEMATIC EXAMINATION FOR THE YEAR ENDED 31st JULY, 1934.

SCHOOL MANAGEMENT COMMITTEES.	SCHOLARS EXAMINED IN EACH GROUP.										TOTAL.	* Conditions Notified.	Average Number of Scholars on Register.
	Infants (6 years).		Age Group (9 years).		Seniors (12 years).		Higher Grade (16 years).		Selected Cases.				
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.			
Number 1	56	56	74	66	75	75	11	5	66	67	551	134	1354
,, 2	133	137	140	155	154	136	4	3	50	84	996	332	2701
,, 3	292	240	292	266	308	249	23	13	128	103	1914	522	5300
,, 4	284	267	279	296	310	304	56	18	160	231	2205	908	5771
,, 5	221	213	218	215	193	228	—	—	113	113	1514	982	3933
,, 6	613	647	677	685	720	773	76	81	483	470	5225	2174	12924
,, 7	406	388	385	405	353	336	6	6	180	184	2649	918	7135
,, 8	266	228	263	300	293	294	14	4	115	100	1877	774	5442
,, 9	486	488	522	560	469	441	7	9	231	219	3432	1357	9574
,, 10	282	290	314	286	327	378	45	22	120	121	2185	909	5854
,, 11	447	421	464	432	560	593	66	30	268	265	3546	1916	9302
,, 12	400	396	453	434	545	539	106	49	280	248	3450	1517	9232
,, 13	580	570	695	648	936	821	175	99	308	309	5141	1441	14187
,, 14	265	264	278	274	320	324	39	11	140	144	2059	598	5310
TOTAL ...	4731	4605	5054	5022	5563	5491	628	350	2642	2658	36744	14482	98019

* Defective Teeth not included.

TABLE B.

SHOWING THE REMEDIAL MEASURES INSTITUTED.

SCHOOL MANAGEMENT COMMITTEES.	Clothing and Footgear.		Cleanliness.								Condition of Skin.								Nutrition		Nose.		Throat.				Lymphatic Glands.		External Eye Disease.		Squint.		Vision.		Ear Diseases, Wax, etc.		Hearing.		Heart and Circulation		Lungs.		Nervous System.		Tuberculosis (Non-Pulmonary).		Other Conditions		Total Number of Children Notified.	Number of Children Receiving Attention.	Total Number of Conditions Notified.	Total Conditions Remedied.
			Head.				Body.				Impetigo.		Ringworm.		Scabies.		Other Diseases.				Nasal Obstruction. etc.		Tonsils.		Adenoids.																									
			Nits & Dirty.		Lice.		Nits & Dirty.		Lice.																																												
	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Received Medical Attention.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Received Medical Attention.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.				
Number 1	3	3	6	3	3	1	1	1	—	—	1	1	—	—	—	—	3	1	—	—	2	1	36	13	18	2	1	1	4	2	4	3	42	40	2	—	1	—	1	—	—	—	2	2	—	—	4	2	97	72	134	76
,, 2	2	1	25	14	16	4	1	1	1	1	6	5	—	—	1	1	8	7	—	—	3	1	74	29	30	13	7	3	18	15	8	7	78	60	13	6	1	1	17	12	4	3	2	2	2	1	15	3	254	157	332	190
,, 3	17	15	86	59	32	21	16	11	1	1	9	7	—	—	—	—	15	11	1	—	3	—	83	34	23	13	5	2	15	9	27	17	160	125	7	2	1	—	12	6	4	2	1	—	—	—	4	1	410	268	522	336
,, 4	11	8	85	58	46	23	13	9	4	2	36	31	1	1	1	1	34	29	2	2	22	11	129	37	71	25	17	8	55	45	43	22	221	156	29	26	2	1	37	19	11	9	7	5	5	4	26	15	646	406	908	547
,, 5	72	51	68	47	32	22	58	43	9	6	62	47	3	—	10	2	60	52	8	3	12	4	153	48	93	33	3	2	57	35	52	39	110	68	24	18	1	—	40	18	11	10	3	—	3	1	38	22	613	363	982	571
,, 6	54	38	274	206	106	73	46	33	10	4	58	43	3	3	12	11	40	27	7	4	31	19	318	211	118	56	23	14	243	196	124	77	461	273	55	38	5	3	70	37	37	31	5	3	3	2	71	50	1603	1090	2174	1452
,, 7	27	16	75	42	44	28	28	14	9	4	15	11	1	1	16	14	18	11	3	1	9	4	143	60	71	30	1	—	29	13	59	41	207	164	20	12	12	1	51	15	8	6	7	—	2	2	63	22	661	391	918	512
,, 8	53	45	49	28	20	10	24	18	7	5	26	19	1	1	2	2	39	37	4	—	9	6	120	58	53	24	1	1	65	50	40	22	143	83	19	15	1	—	37	18	9	6	3	1	1	1	48	33	578	377	774	483
,, 9	39	24	137	72	55	30	36	21	31	16	62	42	—	—	11	11	42	29	7	4	29	13	218	91	64	26	25	15	82	62	64	34	205	152	79	47	1	1	75	34	15	12	10	—	4	2	66	37	1077	646	1357	775
,, 10	33	18	107	55	37	14	59	26	22	8	35	33	—	—	5	4	35	26	12	6	17	12	103	43	29	11	11	6	49	39	47	23	180	118	31	21	2	—	38	22	14	11	2	1	—	—	41	20	692	434	909	517
,, 11	114	70	210	91	87	46	139	65	83	45	68	44	3	3	13	11	39	28	17	8	39	19	167	86	31	15	23	18	120	81	102	73	392	254	86	54	2	1	65	32	43	35	11	—	3	1	59	40	1362	848	1916	1120
,, 12	26	20	173	131	96	73	43	29	29	18	61	51	1	1	1	1	25	21	2	—	19	8	163	63	71	37	22	13	105	80	85	56	462	297	33	30	3	1	39	24	18	15	2	2	5	2	33	14	1070	729	1517	987
,, 13	20	16	120	75	75	44	34	23	19	12	33	22	—	—	4	2	40	26	1	—	13	6	149	77	71	34	6	3	72	49	90	59	538	433	58	40	16	6	48	21	10	5	1	—	—	—	23	12	1150	802	1441	965
,, 14	9	7	70	40	26	11	6	6	2	2	16	13	—	—	7	6	13	10	—	—	10	7	82	61	19	14	6	2	84	63	27	16	132	69	20	19	2	2	33	21	10	9	1	1	—	—	23	14	483	315	598	393
Total ...	480	332	1485	921	675	400	504	300	227	124	488	369	13	10	83	66	411	315	64	28	218	111	1938	911	762	333	151	88	998	739	772	489	3331	2292	476	328	50	17	563	279	194	154	57	17	28	16	514	285	10696	6898	14482	8924

5. Deaf and Deaf-Mute Children.

There are two centres under the jurisdiction of the Committee at which education is provided for deaf or deaf-mute children, namely, at Woodburn Special School, Hamilton, and at St. Vincent's Institution, Tollcross. The latter school is a residential one and serves the needs of the Roman Catholic children in the burghs and county area. Where attendance at Woodburn Special School is not convenient, provision is made for education being provided, either at Donaldson's Hospital, Edinburgh, or at the Royal Edinburgh Deaf and Dumb Institution. The number of children on the roll of these schools is as follows :—

Woodburn Special School, 39 ; St. Vincent's Institution, 5 ; Donaldson's Hospital, 4 ; Royal Edinburgh Deaf and Dumb Institution, 13 ; making a total of 61.

At Drumpark Special School there is a class for speech training. This class consists of children who suffer from speech defect such as stammering or faulty articulation, or who, from some cause or another, are slow in acquiring speech facility. Only a certain period of each day is devoted to speech training, but the results, so far, have been very satisfactory.

IX.

ARRANGEMENTS FOR PHYSICAL EDUCATION.

For a detailed account of the arrangements in force for the physical education of the pupils, see Report for year 1929-30.

X.

ARRANGEMENTS FOR FEEDING CHILDREN.

The arrangements for the supplying of food at school have been fully dealt with in previous reports, and the following is merely a brief summary of these arrangements.

1. All children in attendance at the special schools for invalid children are provided with a forenoon snack of biscuit or bread and milk and a two-course hot dinner at mid-day. The cost to the children is 3d. a day. Where the financial circumstances of the parents justify it, the meals may be given free. In view of the national milk crusade which has been recently launched to provide all school children with one-third of a pint of milk each day, it is interesting to note that all invalid children—whether physical or mental—at the Committee's special schools have received this daily milk ration for many years past.

2. The Committee provides food to all children in attendance at school who are necessitous in terms of Section 6 of the Education (Scotland) Act, 1908. For some years it has been the writer's practice to make every endeavour to have such children admitted to the special schools for the period of their necessity so that it can be assured that the children will obtain not only ample nourishing food but also additional tonic food. One of the unsatisfactory features of providing children with a mid-day meal outside of school is that neither the quality nor the quantity of the food can

be adequately supervised and where tonic food is also recommended there is no guarantee that the children are obtaining their tonic regularly, or, indeed, that it is being administered at all. A child in need of temporary additional nourishment may well be classified as "debilitated," and it is under this classification that such a child is admitted to the special schools in this county. It may be stated, in passing, that the practice of giving additional tonic food to, practically, every physically invalid child in attendance at the Committee's special schools has been in force for many years.

The total number of free meals provided during the year under review is 148,787. This shows a marked increase on last year's figures (109,826).

3. Many of the secondary schools have a regular buffet attached where a hot mid-day meal may be obtained at a very reasonable cost.

4. In many of the rural schools provision is made for the supplying, at a nominal cost, of hot tea or cocoa to those children who reside at a long distance from the school.

XI.

ARRANGEMENTS FOR MEDICAL TREATMENT.

Briefly stated, the Committee's scheme of treatment of school children embraces, (*a*) dental treatment, (*b*) visual treatment, (*c*) treatment of diseases of the ear, nose and throat, (*d*) treatment of minor ailments affecting the skin, eyes, ears, etc. Each of these branches of treatment is fully dealt with in subsequent sections of this Report and the numbers treated are given in the accompanying statistical tables.

In addition to the foregoing, a large number of children received treatment at public Institutions in Glasgow, especially at the Royal Hospital for Sick Children and the Ear, Nose and Throat Hospital. A few were also treated at Stonehouse Orthopaedic Hospital. During the course of the year the Committee sanctioned the provision of special boots, splints and other orthopaedic appliances in 51 cases at a cost of £114.

REPORT ON VISUAL TREATMENT.

The work at the various ophthalmic clinics proceeds smoothly and efficiently and nothing of outstanding importance has occurred during the session. The numbers attending the clinics show little signs of diminishing and the regular attendance of the pupils when summoned for their periodical re-examination shows how fully this branch of after treatment has come to be part and parcel of the school routine. The novelty of clinic attendance has passed off and even the parents now look upon the school clinic as an ordinary part of a child's school life. Not that there is any lessening of interest on the part of the parents (for the attendance of the mothers with their children when summoned before the ophthalmic surgeon proves it to be far otherwise), but there is now no regarding an ophthalmic examination as a new or strange experience. The

TABLE C.—Showing (*a*) Total Number of Cases Examined; (*b*) Number Revisited; (*c*) Total Attendances at Clinic; (*d*) Number Treated by Glasses; (*e*) Number Treated Otherwise or Advised; (*f*) Number Uncompleted and not requiring Treatment. Year ended 31st July, 1934.

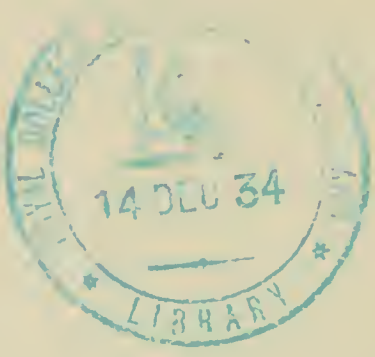
TREATMENT CENTRE.	Number of Children Examined.	Number of Children Revisited.	Total Attendances.	Number for whom Spectacles were prescribed.	Number Treated otherwise or Advised.	Cases uncompleted and Cases not requiring Treatment.
Dr. Ernest Thomson.						
Airdrie	233	382	615	189	44	—
Cadder (Bishopbriggs and Chryston)	43	101	144	36	7	—
Drumpark Special School	21	74	95	13	8	—
Dr. John A. Mortimer.						
Blantyre	111	125	236	103	8	—
Carluke	18	89	107	17	1	—
East Kilbride	19	28	47	16	3	—
Lanark	103	205	308	95	8	—
Larkhall	111	164	275	103	8	—
Shotts	73	94	167	66	7	—
Strathaven	43	16	59	37	6	—
Uddingston	154	237	391	144	10	—
Wishaw	273	350	623	241	32	—
Knowetop Special School	9	55	64	7	2	—
Dr. H. Somerville Martyn.						
Abington	10	7	17	10	—	—
Baillieston	105	238	343	88	7	10
Bellshill	205	566	771	173	24	8
Biggar	11	22	33	10	—	1
Cambuslang	102	359	461	80	14	8
Carnwath	43	71	114	34	4	5
Lesmahagow	43	148	191	33	—	10
Rutherglen	181	394	575	155	15	11
Dalton Special School	16	48	64	9	7	—
Dr. James A. Wilson.						
Motherwell	454	186	640	387	67	—
Dr. James R. Watson.						
Coatbridge	223	469	692	209	13	1
Hamilton	366	257	623	353	13	—
Total	2970	4685	7655	2608	308	54

TABLE D.

VISUAL TREATMENT

TABLE SHOWING CONDITIONS, OTHER THAN REFRACTION ERRORS, WHETHER TREATED OR ADVISED.

CLINIC.	Squint (Convergent).		Squint (Divergent).		Corneal Opacity.		Blepharitis and Conjunctivitis.		Phlyctenular Conjunctivitis.		Cataract.		Nystagmus.		Choroido-Retinal Changes (Myopic).		Do. other than Myopic.		Optic Neuritis.		Keratitis.		Congenital Dislocation of Lenses.		Hordeolum.		Optic Atrophy.		Ptosis.		Pseudo Neuritis.		Trachoma.		Sequelae of Iritis.		Vitreous Opacities.		Coloboma of Iris and Choroid.		Leucoma Adherens.		Detachment of Retina.		Squint (Alternating).		Pupillary Memb.		Ocular Palsy.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Dr. ERNEST THOMSON.																																																
Airdrie, ...	23	26	1	1	5	6	3	2	—	—	1	3	—	2	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cadder, ... (Bishopbriggs and Chryston)	4	7	—	—	2	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Drumpark Special School,	—	1	—	1	1	2	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	3	—	—	—	—	—
Dr. JOHN A. MORTIMER.																																																
Blantyre, ...	19	20	—	—	3	4	1	4	—	—	—	1	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Carluke, ...	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
East Kilbride, ...	4	3	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lanark, ...	4	13	1	—	2	3	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—
Larkhall, ...	8	7	1	1	2	2	3	1	—	1	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Shotts, ...	14	10	—	—	1	2	—	2	—	—	—	—	1	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	3	—	1	—	—	—	—	—	2	—	—	—	—	—
Strathaven, ...	6	3	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—
Uddingston, ...	19	16	—	—	2	4	1	2	—	1	—	1	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—
Wishaw, ...	34	22	—	—	5	2	—	—	—	5	3	3	1	2	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—
Knowetop Special School.	2	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	2	—	—	—	—	—
Dr. H. SOMERVILLE MARTYN.																																															
Abington, ...	—	—	—	—	—	—	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Baillieston, ...	5	11	—	—	1	3	1	3	—	—	1	—	2	2	—	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bellshill, ...	20	23	—	—	3	7	4	9	—	—	—	1	2	—	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Biggar, ...	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cambuslang, ...	18	7	—	2	2	2	2	3	—	—	1	—	1	—	—	1	—	2	1	—	—	3	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	2	2	1	—	—
Carnwath, ...	3	4	—	—	—	1	1	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	4	—	1	1	1
Lesmahagow, ...	4	1	—	—	1	1	—	3	—	—	—	1	—	—	—	—	—	1	—	3	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—
Rutherglen, ...	24	19	—	2	7	3	1	6	—	1	1	2	3	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	1	2	—	—
Dalton Special School, ...	1	—	—	1	2	3	—	1	1	—	2	—	—	—	—	2	1	—	—	—	—	—	—	—	—	—	—	—	1	1	—	2	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Dr. JAMES A. WILSON.																																																
Motherwell, ...	48	42	2	1	2	4	5	3	—	1	1	2	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
Dr. JAMES R. WATSON.																																																
Coatbridge, ...	26	27	—	—	1	5	4	3	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	3	—	—	—	—
Hamilton, ...	27	22	1	2	1	—	4	10	—	—	1	—	—	2	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—
GRAND TOTAL, ...	316	289	6	11	43	57	32	53	2	10	12	15	16	11	2	7	3	8	2	2	—	4	—	1	1	4	2	2	4	3	1	2	1	3	4	4	1	2	5	4	2	—	1	—	25	19	6	8	1	2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VISUAL TREATMENT.

TABLE E.

SHOWING THE NATURE OF THE REFRACTION ERROR IN THOSE CASES TREATED BY SPECTACLES, AND THE NUMBER OF CASES EXAMINED.

CLINIC.	1 Hypermetropia.				2 Hypermetropic Astigmatism (Simple and Compound).				3 Myopia.				4 Myopic Astigmatism (Simple and Compound).				5 Mixed Astigmatism.				6 Eyes not Requiring Correction or too Defective for Correction.				7 Cases not Completed.				Total.	
	Boys.		Girls.		Boys.		Girls.		Boys.		Girls.		Boys.		Girls.		Boys.		Girls.		Boys.		Girls.		Boys.		Girls.		Boys.	Girls.
Dr. ERNEST THOMSON.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.		
Airdrie, ...	30	38	41	43	32	31	32	31	10	11	10	19	4	4	13	11	9	5	8	9	24	20	20	20	—	—	—	—	109	124
Cadder, ... (Bishopbriggs and Chryston)	7	6	5	5	9	9	4	4	3	4	2	2	3	2	3	3	—	—	1	2	2	3	4	3	—	—	—	—	24	19
Drumpark Special School,	3	5	1	1	2	1	1	1	—	—	2	2	1	1	1	1	2	1	—	—	5	5	3	3	—	—	—	—	13	8
Total, ...	40	49	47	49	43	41	37	36	13	15	14	14	8	7	17	15	11	6	9	11	31	28	27	26	—	—	—	—	146	151
Dr. JOHN A. MORTIMER.																														
Blantyre, ...	14	16	20	20	20	17	23	26	2	2	2	1	6	6	5	6	5	6	6	3	—	—	8	8	—	—	—	—	47	64
Carluke, ...	5	5	2	5	2	2	6	4	—	—	—	—	—	—	—	—	—	—	2	1	—	—	1	1	—	—	—	—	7	11
East Kilbride, ...	3	4	2	3	2	2	4	2	—	—	—	—	2	2	1	2	1	—	1	1	1	1	2	2	—	—	—	—	9	10
Lanark, ...	13	13	12	15	22	22	22	20	6	6	4	5	6	5	3	4	2	3	5	2	1	1	7	7	—	—	—	—	50	53
Larkhall, ...	18	17	19	18	19	21	26	29	7	6	3	3	3	3	2	2	2	2	4	2	5	5	3	3	—	—	—	—	54	57
Shotts, ...	9	9	8	10	16	16	16	15	—	—	6	6	3	3	4	4	—	—	4	3	4	4	3	3	—	—	—	—	32	41
Strathaven, ...	7	9	8	9	9	7	8	6	2	1	1	2	—	—	2	2	—	1	—	—	3	3	3	3	—	—	—	—	21	22
Uddingston, ...	20	21	27	21	20	21	38	42	3	1	11	10	5	5	11	12	4	4	5	7	1	1	9	9	—	—	—	—	53	101
Wishaw, ...	43	46	34	40	52	52	57	56	11	10	19	19	6	5	8	5	9	7	3	1	13	14	18	18	—	—	—	—	134	139
Knowetop Special School,	2	3	1	2	1	—	2	1	—	—	1	1	—	—	—	—	—	—	—	—	—	—	2	2	—	—	—	—	3	6
Total, ...	134	143	133	143	163	160	202	201	31	26	47	47	31	29	36	37	23	23	30	20	28	29	56	56	—	—	—	—	410	504
Dr. H. SOMERVILLE MARTYN.																														
Abington, ...	2	2	1	—	—	—	4	5	1	—	—	—	1	2	—	—	1	1	—	—	—	—	—	—	—	—	—	—	5	5
Baillieston, ...	9	7	7	4	16	18	28	29	2	1	2	3	6	5	8	7	1	3	9	11	3	3	4	4	5	5	5	5	42	63
Bellshill, ...	24	20	26	19	31	34	32	43	5	5	6	3	14	13	12	11	8	10	15	15	9	9	15	15	3	3	5	5	94	111
Biggar, ...	1	1	3	3	3	2	—	—	—	—	—	—	—	1	1	—	1	1	1	2	—	—	—	—	—	—	1	1	5	6
Cambuslang, ...	14	9	8	7	23	26	15	17	1	1	2	2	2	3	7	6	4	5	4	4	6	6	8	8	2	2	6	6	52	50
Carnwath, ...	6	5	4	3	3	4	6	7	1	2	5	3	4	4	1	2	3	2	1	1	2	2	2	2	3	3	2	2	22	21
Lesmahagow, ...	4	3	4	5	2	5	12	10	1	—	1	1	1	2	4	4	3	1	1	2	—	—	—	—	3	3	7	7	14	29
Rutherglen, ...	15	16	13	11	33	30	37	42	3	4	4	3	8	10	9	9	12	11	21	19	8	8	7	7	6	6	5	5	85	96
Dalton Special School, ...	1	2	1	—	1	—	—	1	2	3	—	1	1	—	3	2	—	—	—	—	4	4	3	3	—	—	—	—	9	7
Total, ...	76	65	67	52	112	119	134	154	16	16	20	16	37	40	45	41	33	34	52	54	32	32	39	39	22	22	31	31	328	388
Dr. JAMES A. WILSON, Motherwell, ...	61	65	64	65	83	78	96	95	24	26	26	25	6	6	18	17	2	1	7	9	30	30	37	37	—	—	—	—	206	248
Dr. JAMES R. WATSON.																														
Coatbridge, ...	29	27	20	13	50	51	54	58	6	5	15	17	7	7	11	10	6	7	13	14	4	5	7	8	1	1	—	—	103	120
Hamilton, ...	28	32	50	47	66	70	96	97	16	17	23	19	17	13	19	21	20	17	18	22	7	5	6	6	—	—	—	—	154	212
Total, ...	57	59	70	60	116	121	150	155	22	22	38	36	24	20	30	31	26	24	31	36	11	10	13	14	1	1	—	—	257	332

NOTE.—All the cases examined are included in this Table, whether Spectacles were prescribed or not. If no Spectacles were prescribed, the eyes are recorded in one or other of the Columns 6 or 7

same might, indeed, be said of all the clinics—dental, minor ailments, etc.—and it shows how these centres have now become an integral part of school procedure.

The former antipathy on the part both of parents and children to the wearing of correcting glasses is rapidly disappearing and much more attention is paid to the care of the spectacles. In many cases, applications for re-examination by the eye specialists come from the scholars themselves even before they are due to be called up for routine re-inspection at the clinic. Such requests for further treatment do not *always* arise from a high appreciation of the benefits received and one has to be careful that, entailing, as visual treatment generally does, an exemption from study till the effects of the mydriatic pass off—usually about eight or ten days—this anxiety to make a further acquaintance with the ophthalmic surgeon does not synchronize with certain impending school examinations! Cases of malingering in order to avoid a forthcoming scholastic examination are not unknown and sad it is to relate that the culprits have, invariably, been girls. Perhaps the boys, with their slower wits, had never thought of such a brilliant plan.

Throughout the year under review, **2,970** children were subjected to a full ophthalmic examination and **4,685** came before the eye specialists for re-examination, with a total attendance at the clinics of **7,655**. Of the 2,970 examined, spectacles were prescribed in 2,608 instances, *i.e.*, in 87·8 per cent. of the cases. The remaining percentage consisted of children whose vision was not requiring correction or whose eyes were too defective for glasses to be of any use. A considerable number also were sent by the school medical officers to have expert advice regarding treatment to be carried out at the minor ailments clinics.

The varied nature of the defects discovered amongst the scholars is shown in Table D. and, in addition to those tabulated, certain other rarer defects were found, *e.g.*, anterior choroiditis, 2; birth injury, 2; phthisis bulbi, 1; microphthalmos, 1; buphthalmos, 2; albinism, 3; vitreous haemorrhage, 1; ectropion, 1; foreign body on cornea, 1; congenital defect of lens, 1; opaque nerve fibres, 1; anophthalmos, 1; exophthalmos, 1; epicanthus, 2; disorganisation of eye, 1.

Certain conditions which could not well be treated at either the school ophthalmic clinics or the minor ailments clinics were dealt with at one or other of the Institutions for the treatment of eye diseases in Glasgow. Two of the Committee's ophthalmic surgeons are on the staff of one of these Institutions and have been exceedingly helpful in having cases requiring special treatment or operation dealt with.

It is with great regret that the resignation of Dr. Ernest Thomson from the ophthalmic staff has to be announced. Dr. Thomson was the first whole-time ophthalmic surgeon to be appointed to the school medical service when it was decided, in April, 1914, to undertake a comprehensive scheme of visual treatment of school children in this County. He continued in the whole-time appointment till 1921 when, at his own request, he relinquished the post and was appointed a part-time surgeon.

It is to Dr. Thomson that the greatest share of the credit in laying the foundation of the present scheme of school ophthalmic treatment must be given. His high professional attainments and his constructive ability were of the greatest service to the scheme and the efficiency and thoroughness of present day ophthalmic treatment of school children in this County is due, in large measure, to the sound basis on which it was originally built. The Committee accepted Dr. Thomson's resignation with regret and unanimously decided to record in their minutes their high appreciation of his services.

The following reports on the work of the session have been received from the Committee's ophthalmic surgeons :—

(Dr. ERNEST THOMSON).

CENTRES :

Airdrie, Bishopbriggs, Chryston, and Drumpark Special School.

In regard to the actual ophthalmic portion of this—his final—Report the writer has but little to say. The figures are as recorded in the tables and nothing specially new appears in them. Relations with headmasters become more and more cordial as time goes on ; those between the parents and the doctor and the nurse become gradually more and more like those which exist in private practice. That is all that need be said.

What, then, is the conclusion come to by one who has spent, approximately, one-half of his professional life in caring for the eyes of children ? The conclusion very early reached in his work in the service of the Committee is that in two respects that work is specially worth while, namely, the treatment of squint and the treatment of myopia. These are the two deviations from ocular health which can best be dealt with in the young and by a specialist. Refraction errors pure and simple can scarcely be regarded as " deviations from the normal." Most of them are none the less difficult for all that. Squint ought to be dealt with at once as soon as noticed. Myopia, so far as it is not congenital, is apt to occur or to increase with the strain of school life. It can be stopped, or its rate of increase greatly reduced, by the wearing of correct glasses ; and, if that does not suffice, by taking the child from school as well. Six months or so of such abstention from school, combined with complete abstention from books, and an open air life, is much easier if it is done before the period when examinations become of even greater importance than ocular health to the child.

Apart from squint and progressive myopia there is little to be said. Corneal disease with its blepharospasm, with its often attendant opacities of the cornea and its frequent recurrences makes itself known as a rule to the parent, and if the parent does not attend to the call of pain and discomfort, the loss of visual acuity lies at his or her own door in the majority of cases. Here there is no excuse for neglect. In squint and myopia the parent does not know that delay is apt to be damaging to sight. That is why so much importance is attached to these diseases. Other diseases occur now and again. Some of these are urgent, acute cases which

do not fall within the province of the school ophthalmic surgeon unless he has a hospital appointment and can look after them himself. Some are curiosities of ophthalmology, or old standing injuries or diseases for which nothing can be done.

What of the future? Prior to the War young men as well as old were dreaming dreams. Hospitals for children were envisaged not only in the towns, but in country places. The War stopped all that. We were a wealthy nation before the War, and could probably have afforded it. Shall we ever be in that happy state again?

In taking his leave of the Education Committee the writer makes his best bow. In saying *au revoir* to his colleagues, to the nursing staff and to the staff at the Office, he wishes that they may always enjoy their work as he has enjoyed his own.

(Dr. JOHN A. MORTIMER).

CENTRES:

Blantyre, Carluke, East Kilbride, Lanark, Larkhall, Shotts, Strathaven, Uddingston, Wishaw, Knowetop Special School.

During the year 1933-34 there has been a slight decline in the number of children examined and treated in the above named areas as compared with last year. Throughout the session in the above areas 914 children were examined and treated and 1,363 were revisited. The preponderance of girls over boys requiring ophthalmic treatment remains as in former years, there being 94 more girls than boys. The work of the school ophthalmic surgeon is routine to a large extent, yet new experiences and thoughts gained year by year in carrying out this branch of the work are necessary for its further advancement and perfection.

In reviewing the past session's work several thoughts of interest arise and the writer would like to say a few words about each in turn:—

(1) The selection of children with defective vision (*a*) for special myope classes, (*b*) for blind training in schools for the blind. The writer, who is a certifying surgeon under the Blind Persons Act, has followed closely the recommendations of the Committee on the prevention of blindness in the selection of these children. In category (*a*) the eye defects of the scholars in the special myope classes fall into three groups (1) congenital defects (the smallest group), (2) damages due to inflammation, (3) Myopia (the largest group). Briefly, two-thirds are high myopia and one-third have damaged or imperfect eyes.

The amount of myopia suitable for admission to these classes should always be related to age. A child of 5 years with 5 or 6 D of myopia, or more, especially when there is evidence of increase of the defect, certainly needs education in these special myope classes. On the other hand, a child of 12 or 13 years with 7 or 8 D of myopia who is soon leaving school may be left to continue in the ordinary school under special supervision and exemption as regards certain work. Popularity of the myope class is apt to lead to an increasing demand by parents that children who are educationally blind should

be admitted to them. One may have sympathy with the desire to refrain from labelling a child blind, but if the work of a myope class is to be effective, then the children must have sufficient vision for the purpose.

In category (*b*) only children who are blind (*i.e.* blind within the meaning of the Blind Persons Act, 1920) or who are likely to become blind for economic purposes are recommended for blind training. It is important to determine whether a child not yet blind should be trained in anticipation of its becoming blind by the time the training is complete.

This falls into line with the Committee's opinion that the fullest co-operation should be established between the Authorities who are responsible for the administration of the Acts dealing with Child Education and Blind Persons.

(2) The care of the eyesight of young people should not cease to be the concern of the Education Committee on their leaving school as at present. The scheme might with great benefit be extended to include young people attending the Juvenile Employment Bureau and evening classes; also advice might be given to children—more especially those with serious eye defects—who have been under the care of the Committee's ophthalmic surgeons, regarding the proper care they should give to their eyes in after life, including the advisability of having their eyes examined by an ophthalmic surgeon either privately, or at a hospital, or through the National Ophthalmic Treatment Board (which is sponsored by the British Medical Association).

(3) The importance of revisiting all children cannot be overestimated, as, in addition to checking of the spectacles prescribed and the resultant visual improvement with them, it ensures an intimate knowledge of the prognosis of individual cases and, in cases of serious visual defect, the accurate adjustment of scholastic activities to the visual needs of the child in question.

During the past year a number of children have been operated on or have received supplementary treatment by the writer at the Glasgow Eye Infirmary, where facilities, not available at the school clinics, exist for carrying out of these operations and special investigations.

(Dr. H. SOMERVILLE MARTYN).

CENTRES:

Abington, Baillieston, Bellshill, Biggar, Cambuslang, Carnwath, Lesmahagow, Rutherglen, and Dalton Special School.

During the session 1933-34, the total number of cases examined by me was 2,569 of whom 716 were new cases and 1,853 were revisits. The relative percentages of the refractive defects are as follows:—Hypermetropia and hypermetropic astigmatism, 56·8 for boys and 52·4 for girls; myopia and myopic astigmatism, 16·6 for boys and 14·6 for girls; mixed astigmatism 10·2 for boys and 13·6 for girls. In the case of eyes too defective for correction or which were otherwise treated, the percentage is 9·7 for boys and 10 for girls.

The question of percentage of squint cases in Lanarkshire raised in the Annual Report for 1932-33, pp. 40 and 41, would appear to call for comment. In that report Dr. Thomson writes: "To sum up the matter, may it be suggested that the percentage of squinters in Lanarkshire school children is under-estimated and that it may be nearer to 30 than to 20 per cent.?" Incidentally, the percentage recorded by me in the past session is 22·2, a figure which I see tallies exactly with the findings of all the part-time ophthalmic surgeons for the years 1926-27-28, with the exception of Dr. Thomson's whose figures worked out at 29 per cent. But, as Dr. Thomson points out, he was specially engaged, at the request of the School Medical Officer, in investigating very minutely all squints and it is very probable that he included in his results cases which ordinarily did not squint but in which squint could, on examination, be elicited, and possibly also cases in which there was grave reason to suspect either squinting at some time past, or occasional present squinting without a history thereof. The excess of 6·8 per cent. in his favour may be readily accounted for by the elasticity of the term "convergent squint." Many of these cases are not apparent but latent, and a little time spent on eliciting usually makes the squint momentarily apparent only to vanish again when the elicitation is ended. A convergent squint is not a static but a variable entity, and the degree of squint in any one case may vary considerably and frequently; it may even be present one instant and be gone the next.

It has been found that certain cases apparently squinting at the time of school medical inspection not only show no squint when later appearing before the ophthalmic surgeon for examination, but fail to respond to such tests as usually elicit squint. The parent, if present, may confirm or refute the finding at the school medical inspection. One eye may or may not be somewhat amblyopic. Is the case one of convergent squint? The obvious persistent squint, varying little, if any, in degree, is a very different matter from this dubious type of case which not merely shows no sign of its presence on inspection by the trained observer but apparently, in certain cases, declines to exhibit itself even when it is being carefully sought for.

These observations are, I think, sufficient in themselves to explain the discrepancy in percentages by different observers. The percentage of 22·2 in my own cases could, not illegitimately, be raised nearer the higher percentage but I have refrained from entering in my statistics the case that, at its worst, shows on elicitation by the examiner only a tendency towards squinting whilst apart from the surgeon's elicitation no squint is noticeable and it has not been my practice to classify as a "squinter" a child in whose case there is no known history of squint and in whom a squint cannot be elicited but who, by reason of some degree of monocular amblyopia not referable to other cause, comes under the strong suspicion of being or having been an occasional squinter.

One important practical outcome, however, arises from the discussion, namely, that cases in the two latter classes, *i.e.* cases not squinting but in whom squint can be elicited and those under strong suspicion, should be subject to the same treatment as

habitual manifest squinters, namely, correction of refractive errors and blanking where deemed advisable.

As I understand that with this year's report Dr. Thomson is officially severing his connection with the school medical service may I be permitted my "*Ave atque Vale*" to one who has set a fine tradition and example for school ophthalmic work in the County of Lanark.

Numerous cases requiring detailed investigation and operation were treated by me at the Glasgow Eye Infirmary, to the Directors of which Institution thanks is due.

The prescriptions for glasses for the respective areas have been well executed and the frames, with few exceptions, well fitted. Despatch and efficiency have been much facilitated by the assistance of the school ophthalmic nurse whose well kept records and valuable help in preparation of my statistical reports I gladly acknowledge.

(Dr. JAMES A. WILSON).

CENTRE : Motherwell.

The work of the session has been overtaken smoothly and satisfactorily.

I return to one of the problems that confront the school oculist.

Sex in relation to visual (refractive) defects.—During a series of eight years over 22,000 children with defective vision were sent to the various centres for treatment. Of these children 57·9 per cent. were girls.

Sex in the age groups.—In last year's report it was noted that there is a steady approximation between the numbers in the hypermetropia group and those in the myopia group. There was also some evidence to show that the approximation continues beyond 14 years of age. This year it is noted that this approximation is associated with a steady increase in the percentage of girls over that of the boys and that this is largely responsible for the approximation.

In the first age group, 5 to 7 years, with eight cases of hypermetropia to one of myopia, the boys and girls are equal in numbers. In the second age group, 7 to 10 years, with 4·6 cases of hypermetropia to one of myopia, the percentage of girls is 55.

In the third age group, 10 to 14 years, with three cases of hypermetropia to one of myopia the percentage of girls has risen to 59. Quite a large number of people become myopic at and beyond puberty and therefore the ultimate percentage is higher still.

Some years ago, I collected 1,500 consecutive cases of myopia and investigated their family histories. These were hospital cases and were of all ages. The task occupied two years. It was observed that where a parent (father or mother) was myopic then that parent transmitted myopia to two girls for one boy. This is not always obvious in individual families but it is obvious when families are taken collectively. These cases are not quite comparable with the school percentages; but, nevertheless, the school figures move steadily towards this ratio of two girls for one boy. Both sets of figures seem to be parts of one and the same process, namely, the operation of a law of inheritance that does not become fully manifest till we reach adult life.

(Dr. JAMES R. WATSON).

CENTRES :

Coatbridge and Hamilton.

During the past session at the Hamilton clinic there were 366 new cases and 257 revisits. At Coatbridge clinic there were 223 new cases and 469 revisits, making a total of 623 attendances at Hamilton and 692 at Coatbridge. Details can be found in the accompanying tables.

The very fact that the work of these clinics goes on smoothly each year with little that is exceptional occurring makes it difficult to report on them each year without repeating what has already been remarked upon or giving the report the nature of a text-book account of the treatment of refractive errors.

The usual deductions can be drawn from the statistics (1) the great preponderance of cases of hypermetropia and hypermetropic astigmatism over all other forms of defect. There must, too, be many others who are not examined at these clinics as it is a fact that the majority of school children as a whole are hypermetropic (not merely a majority of selected cases such as ours), though in many cases the hypermetropia does not cause obvious diminution of the visual acuity as measured by Snellen's distance test. It may even be the case that cases with 3 or 4 dioptres of hypermetropia in children with no marked effect on the visual acuity and consequently not treated at the clinics may be to some extent handicapped for mental and visual effort.

(2) The comparative rarity of myopia. This condition, as can be seen at child welfare clinics for children under 5 years of age, is very rare in the very early years, but there is a gradual increase in incidence as age advances and it is the tendency of myopia to progress during the growing years that makes this error of refraction the most responsible part of the work of the school ophthalmic clinic. A few of our cases of myopia have shown a tendency to rapid progression, but everything is done to try to prevent this. The error is generally fully corrected—even going beyond the apparent ophthalmoscopic correction where this gives markedly better visual acuity. Constant wearing of the glasses is probably the ideal in all but the lowest degrees in children. As there is a visual demand for the glasses for distance children more readily use them but it is much more difficult to persuade them that using them for near work is necessary and yet this is most important as it makes for a good working range, avoids the increased pull on the eyeballs from over-convergence and exercises the accommodation ; hence progressive increase is less likely. Anything that can be done to prevent very high degrees of myopia is well worth doing, for in these very often the visual acuity is, at the best, poor, because degenerative changes are apt to occur as a result of the stretching of the choroid and retina.

Of somewhat unusual conditions, it is a coincidence that during this session there occurred two cases of congenital coloboma of the iris and choroid, one in Hamilton and one in Coatbridge.

REPORT ON DENTAL TREATMENT.

A very creditable report can again be given of this branch of the Committee's scheme of after treatment. The number of applications for school dentistry shows no signs of diminishing and if the numbers actually treated by the school dental staff are slightly less than those of the previous year this was due, in part, to the prevalence of sickness in certain districts at the time of the dentist's visit, and, in part, to absence from duty for some weeks on account of illness on the part of one of the dental surgeons. The numbers treated vary somewhat each year on account of circumstances over which the staff have no control, but notwithstanding these unforeseen conditions no fewer than **21,352** pupils came under the care of the school dentists. These figures are made up of 10,303 boys and 11,049 girls.

A very gratifying feature of the year's survey is that the urban areas which have always shown the least satisfactory percentage of treatment are now definitely improving in this respect. In particular, one area (No. 12) which last year gave a treatment percentage of only 29·9 has risen, this year, to 35·5. This is not due to the improved returns from any single school but is a result of a larger treatment acceptance from practically every school in the area.

As in former years, the best returns were generally got from the rural areas where there seems to be a livelier and fuller interest taken in the scheme by the parents. In several schools a full 100 per cent. of the children notified came forward for treatment and percentages ranging from 80 to 90 were by no means uncommon. These high standards result not only from parental interest but also from the interest taken in the scheme by the members of the teaching staffs of the schools. Over and over again, headmasters and class teachers have volunteered to interview parents who were reluctant to accept school dentistry for their children and generally such interviews have given the most satisfactory results. It might be well to give the percentage of treatment in certain schools so that teachers may know how their schools stand in relation to other schools. It is possible that a healthly spirit of emulation may thus be engendered, always with the knowledge that this emulation is not a vainglorious rivalry but is essentially for the good of the pupils under their care.

Schools giving 100 *per cent. return* :—

Blackwood R.C., Douglas West, Braidwood, Nemphlar, Newbigging, Woolfords, Drumclog, Auchentibber, Elmwood Convent H.G.R.C., Forrestfield, Summit.

Schools giving 90-99 *per cent.* :—

Biggar H.G., Douglas Water, Auchenheath, Kirkfieldbank, Carnwath, Carstairs, Carstairs-Junction, Forth, Law, Smyllum R.C., Chapelton, Northrigg, St. Vincent's Special School, St. Augustine's R.C.

TABLE F.

DENTAL TREATMENT

Summary of Work done in the following School Management Areas during the year ended 31st July, 1934.

SCHOOL MANAGEMENT COMMITTEES.	INSPECTION.			TREATMENT.									No of Pupils.	
	Number of Pupils Examined.	Number of Notices issued to Parents		Number of Pupils Treated.		Nature of Treatment.								
						Extractions.		Fillings.		Scaling.	Dressing.	Cleaning.	Necessitous.	Partly Necessitous.
		Boys.	Girls.	Boys.	Girls.	Temp.	Perm.	Cem.	Amal.					
Number 1	523	135	149	125	144	380	24	—	52	—	14	—	229	40
,, 2	2208	541	560	455	459	1392	45	—	175	—	2	—	824	90
,, 3	4189	991	935	737	711	2247	80	—	260	2	2	—	1256	192
,, 4	4961	1486	1562	645	620	2154	381	35	274	18	44	64	1054	211
,, 5	3291	1006	1025	419	450	1366	276	38	229	11	54	97	765	104
,, 6	10184	3271	3292	1456	1724	3886	837	206	682	32	57	85	2778	402
,, 7	4248	1481	1475	771	794	2277	374	39	308	6	27	1	1330	235
,, 8	3451	1204	1183	604	637	1052	331	56	472	7	132	69	1066	175
,, 9	9428	2079	2147	1177	1287	4296	587	33	686	148	56	157	1961	503
,, 10	5235	1026	1127	480	549	1505	185	15	320	50	34	65	853	176
,, 11	3960	1510	1519	849	876	1664	256	36	653	20	143	16	1571	154
,, 12	7808	2509	2468	767	849	2549	750	116	366	38	143	448	1414	202
,, 13	10760	3548	3511	1385	1453	4426	715	71	532	8	37	3	2457	381
,, 14	3896	1244	1368	433	496	803	101	4	372	—	95	7	726	203
TOTAL ...	74142	22031	22322	10303	11049	29997	4942	649	5381	340	840	1012	18284	3068

Schools giving 80-89 *per cent.* :—

Bellfield, Blackwood, Douglas, Braehead, Strathaven Academy, Swinhill, Carnbroe, Chapelhall, Baillieston R.C.

Schools giving 70-79 *per cent.* :—

Coalburn, Hawksland, Lesmahagow H.G., Stableston, Underbank, Auchengray, Carluke R.C., Kilncadzow, Tarbrax, Dalserf, Glassford, Sandford, Stonehouse, Strathaven R.C., Drumpark Special, Longriggend R.C., Riggend.

Schools giving 60-69 *per cent.* :—

Bent, Carluke H.G., Haywood, Lanark Grammar, Netherburn, East Kilbride, Bellshill Public, Bothwellhaugh, Bothwellpark, Carfin, Holytown, Knowetop Special, Moffat, Overtown, Cambuslang Public, St. Bride's R.C. (Cambuslang), Tollcross R.C., Whiterigg R.C., Auchinairn, Auchinloch, Bargeddie, Budhill, Cadder, Calderbank, Gartcosh, Garthamlock, St. Joseph's R.C. (Chryston), Coatdyke R.C., Chapelside, Clarkston, Dalziel.

Schools giving 50-59 *per cent.* :—

Beechfield, Dykehead (Hamilton), Gilmourton, Calder St. (Blantyre), Belvidere, Bothwell, Mossend, Muiredge, Allanton, Cleland and Omoa, Cleland R.C., Greenhill (Cleland), Netherton, Newmains R.C., Swinton, Bridgend, Greengairs, Mount Vernon, New Monkland, St. Margaret's R.C., Coatbridge Secondary, St. Patrick's R.C. (Coatbridge), Whifflet R.C., Townhead (Hamilton), Berryhill, Wishaw Academy, Farie Street.

Schools giving 40-49 *per cent.* :—

Yieldshields, High Blantyre, Low Blantyre, Bellshill Academy, Chapelhall R.C., Mossend R.C., New Stevenston, Tannochside, Uddingston R.C., Benhar, Harthill, Morningside, Newmains, Shottskirk, Eastfield, Gateside, Hallside, Dalton Special, Annathill, Baillieston, Caldercruix, Glenboig, Glenboig R.C., Glengowan (Caldercruix), Albert, Rochsolloch, Victoria, Gartsherrie Academy, Greenhill (Coatbridge), Burnbank R.C., Low Waters, Woodburn Special, Calder (Motherwell), Cambusnethan, Craigneuk, Craigneuk R.C., Hamilton St., Motherwell H.G.R.C., Muir St., Wishaw Central.

Schools showing a percentage of treatment less than the foregoing cannot be considered as giving a satisfactory return and it is hoped that a perusal of the figures showing what other schools can do will stimulate the various teaching staffs throughout the whole County to greater endeavour in bringing the benefits of school dentistry before their pupils.

What is rather astonishing is to find two schools, closely adjacent to each other and drawing their pupils from the same section of the community, giving such diverse returns for dental treatment. Thus, in Chapelhall it is found that one school gives a treatment percentage of 85·3 whilst its neighbouring school only gives 46·2 ; in Bothwell one school gives a percentage of 51·7 whilst its neighbour shows

only 27·2. Many similar instances might be quoted. Probably, one of the most outstanding examples of the success of propaganda is shown by the figures relating to St. Augustine's R.C. School, Coatbridge—one of the largest schools in the district—where no fewer than 529 pupils (93 per cent. of the notified children) came forward for dental treatment.

The returns from the Secondary Schools show a definite improvement although certain of them are still far below what might reasonably be expected from them. The percentage return from these schools varies between wide limits ; at one end of the scale there is 100 per cent. and at the other end 8·4 per cent. The great majority of the pupils entering on a course of secondary study have received regular dental treatment whilst in attendance at the elementary schools and it is a matter for regret that so many of them, owing to a sense of false pride, refuse to continue accepting the services of the school dentist with the result that the good which they previously derived from regular dental treatment runs a serious risk of being nullified during the later years of their school life. Why senior pupils so readily accept the gratuitous services of the school ophthalmic surgeon and refuse similar service from the school dental surgeon is one of those strange inconsistencies that has never been satisfactorily explained.

Reverting to the general survey of the scheme of school dentistry, it is a most gratifying sign that the percentage of cases notified for treatment by the dental surgeons shows an appreciable and steady fall during the past few years. Grossly unhealthy mouths are now almost unknown and the number of pupils found with perfect teeth is steadily on the increase. There is still, of course, a vast field for school dentistry and the work dare not be relaxed but the results are so evident and so encouraging that the old feeling of utter hopelessness in ever coping with the immensity of the problem is now definitely a thing of the past. If such a thought ever does obtrude itself it is more as the memory of an ugly nightmare which may be relegated to the limbo of forgetfulness. But the pioneer work in school dentistry must have been a heart-breaking undertaking.

Although the conditions for the carrying out of treatment are not ideal in every part of the school area, and especially is this so in certain of the rural schools, everything that can be done to make the conditions as comfortable as possible for the children is done and for this the thanks of all members of the dental staff are offered to the teaching staffs and, particularly, to the school janitors.

During the year 74,142 pupils were dentally examined and the number of children notified as requiring dental treatment was 44,353, *i.e.* 59·8 per cent. This is the first occasion since the inauguration of school dentistry in the County twenty years ago that the percentage of notified pupils has fallen below 60. In the early days of school dental treatment the percentage of dental unfitness was regularly in the region of 80. The percentage of children treated by the school dentists, taking the whole educational area, was 48·12. This compares with 47·5 of the previous year.

The following extracts are taken from the reports of the school dentists for the year ended 31st July, 1934 :—

Mr. Beattie (Nos. 1, 2, 3, 4, 5 and 13 School Management Areas) states that nothing has occurred of outstanding interest in his districts during the session. The attendances at the clinics have been well maintained and absences, except on account of illness, almost unknown. The general condition of the children's teeth is on the upgrade but to maintain this upward tendency effort can never be relaxed. Mr. Beattie states that the success attending his work is, in large measure, due to the help afforded him by the teaching and janitorial staffs of the various schools.

The following is a summary of the work overtaken by him during the session :—

Total number of children treated, 3,367 ; extractions (temporary teeth), 5,219 ; extractions (permanent teeth), 176 ; fillings, 601 ; dressings, scaling, etc., 141.

Mr. Rankin (Nos. 4, 5, 8 and 12 School Management Areas) in the course of his report again emphasizes the improvement observed in the dental condition of the school children. He states that the youngest pupils—the entrants—show the worst dental condition of all classes of school children and is inclined to lay the blame for this on the lack of a fully organised child welfare dental service throughout the whole county. Dental caries in the young he attributes, in many instances, to calcium insufficiency in expectant mothers. The following is a summary of Mr. Rankin's work for the past year :—

Total number of children treated, 3,404 ; extractions (temporary teeth), 5,226 ; extractions (permanent teeth), 1,550 ; fillings, 1,053 ; dressings, scaling and cleaning, 981.

In addition to the foregoing, Mr. Rankin treated 13 children of pre-school age at Hamilton Child Welfare Clinic by arrangement with the Medical Officer of Health of the Burgh.

Mr. Kerr (Nos. 8, 11 and 14 School Management Areas) draws attention to the fall in the number of children requiring notification for oral defects. He also remarks on the very good attendance at the clinics in spite of the rather considerable amount of sickness prevalent last session. Mr. Kerr specially emphasizes the problem of the " casual " patient, especially the patient who presents himself for treatment at the clinic without any signed parental authority. It should be clearly understood both by teachers and parents that it is futile to send such a child to the dentist as no treatment will be afforded without the written consent of the parent. In any case, these casual cases are, almost invariably, children in whose case parents have, a short time before, refused sanction for treatment and have only hurriedly given consent to save themselves annoyance when the child complains of toothache. It should also be understood that such " casuals " cannot take precedence at the clinic over cases which have come by appointment.

The following is a summary of the work overtaken by Mr. Kerr during the year :—

Total number of children treated, 3,326 ; extractions (temporary teeth), 2,935 ; extractions (permanent teeth), 441 ; fillings, 1,358 ; scalings, dressing, etc., 351.

Miss Watson (Nos. 7 and 13 School Management Areas) in presenting her report remarks on the increasing amount of interest shown by parents in the matter of dental treatment and the very large numbers of parents who accompany their children to the clinic. However, there is still much too urgent a demand by the parents for extraction of teeth and an antipathy to conservative treatment. This difficulty is a very real one and the parent's opinion is too often in opposition to that of the dentist. Miss Watson is enthusiastic about the marked improvement in the dental condition of the pupils under her care and contrasts the present day condition with what she found when she joined the school dental service ten years ago.

The following is a summary of Miss Watson's work during the past session :—

Total number of children treated, 3,706 ; extractions (temporary teeth), 5,743 ; extractions (permanent teeth), 973 ; fillings, 797 ; scaling, dressings, etc., 80.

Mr. Watson (Nos. 6, 7, 9 and 10 School Management Areas) in his survey of the work for the past year remarks that there is no diminution either in actual work carried on at the clinics or in the demand for treatment. He also notes the increased attendance of the parents at the treatment clinic and contrasts the rather hopeless dental condition of many of the mothers with that of their children. The presence of the mothers at the clinic affords Mr. Watson an excellent opportunity of instructing them in the proper care of their children's teeth during the interval between the dentist's visits and of giving guidance as to the proper diet of the children. Mr. Watson emphasizes the usefulness of the minor ailments clinic and the hearty co-operation that exists between the clinics.

The following is a summary of the work undertaken during the year by Mr. Watson :—

Total number of children treated, 3,847 ; extractions (temporary teeth), 6,415 ; extractions (permanent teeth), 836 ; fillings, 1,177 ; scaling, cleaning, etc., 836.

Miss Young (Nos. 6, 7 and 11 School Management Areas) draws attention to the improvement in the number of cases accepting treatment in her districts, this improvement applying to practically every school. Where there was a falling off in the actual attendance of the pupils at the clinic, this was due to the presence of an epidemic in the district or to the treatment being carried out during the holiday season. The two factors which, in Miss Young's opinion, most greatly contribute to the success of the dental scheme are suitable clinics and the collaboration of the teaching staffs.

The following is a summary of Miss Young's work for the past year :—

Total number of children treated 3,702 ; extractions (temporary teeth), 4,459 ; extractions (permanent teeth), 966 ; fillings, 1,044 ; scaling, cleaning, etc., 185.

REPORT ON TREATMENT OF DISEASES OF THE EAR, NOSE, AND THROAT.

AT HAMILTON CLINIC:
(Dr. JAMES ADAM).

During the year ended 31st July, 1934, in connection with this Department 164 patients have had 459 attendances at Linnview. In addition, at Beckford Street Hospital, the operation for removal of Tonsils and Adenoids has been done 85 times; for removal of Adenoids alone 34 times. 24 patients sent for such operation were found not to require it, the condition being met chiefly by dietetic measures. Two cases of Asthma, both now well. Six cases of running ears, now all dry. One case of Goitre. Three cases of deafness, one partial and improving under treatment. Two nasal cases, one of Nose-bleed, and one requiring operation for Nasal Obstruction.

Possible disaster was forestalled in two cases sent for the Tonsils and Adenoids operation by timeous finding of a long bleeding time. This was reduced in one case by suitable treatment and the operation then successfully carried out; the other case did not return for treatment.

Comments.—The work now consists mainly in dealing with tonsils and adenoids. Removal has become the routine treatment; prevention is the ideal, difficult, no doubt, but an attempt at it should be done both in the home and in the school clinic. The half-dozen running ears can be only a fraction of such cases in the Middle Ward, though no doubt the total number would be greatly increased but for the tonsil and adenoid operation. The results of that operation have .been almost uniformly excellent, as acknowledged by the parents, and one rarely sees a case of mouth-breathing or catarrhal deafness in older children. One boy was very deaf and had at first special training, but now his hearing has improved so much that he has taken a high place in an ordinary school. He has been under treatment over two years.

The cases have come from schools all over the Middle Ward, except from the School for the Deaf (Woodburn).

AT MOTHERWELL CLINIC:
(Dr. R. A. GRAY).

	Under General Anaesthetic.	
No. of necessitous cases treated for Tonsils and Adenoids, ...	215	
No. of necessitous cases treated for Diseases of the Ear, ...	—	
No. of necessitous cases treated for Diseases of the Nose, ...	—	
	215	
Total number of attendances of school children at the Clinic, ...		614
Total time occupied by Rhinologist (approximate number of hours), ...		82
Total time occupied by Anaesthetist (approximate number of hours), ...		82

MINOR AILMENTS CLINICS.

The number of clinics for the treatment of minor ailments affecting the eye, skin, ear, nose, throat, etc., is seven. These are situated in the more densely populated districts, namely, Airdrie, Blantyre, Cambuslang, Hamilton, Larkhall, Motherwell and Rutherglen, and the entire work is undertaken by the staff of the school medical service. There are two outstanding areas which should be served by minor ailments clinics—Coatbridge and Bellshill —but lack of suitable accommodation has, so far, prevented the setting up of clinics in these districts. However, during the past session an important step was taken in the formation of a minor ailments clinic at Coatbridge, and a scheme of co-ordination has been formulated to serve the joint requirements of the Education Committee and the Town Council of Coatbridge. It is hoped that suitable premises will be available in the near future so that the scheme may be put into actual operation.

The present seven minor ailments clinics are situated as follows :—

Airdrie—at Airdrie Academy ; *Blantyre*—at Child Welfare Centre by arrangement with the public health department of the County ; *Cambuslang*—at Gateside School ; *Hamilton*—at the Committee's clinic in Beckford Street ; *Larkhall*—at Machanhill School ; *Motherwell*—at Carnegie Welfare Clinic by arrangement with the public health department of the Burgh ; *Rutherglen*—at Gallowflat School.

The minor ailments clinics are increasingly becoming not only places of treatment but centres to which parents apply for all manner of advice regarding their children. But the parents do not always limit their enquiries merely to matters of medical interest and frequently seek counsel regarding purely domestic affairs, sometimes of the most intimate character. Feeding, clothing and housing bulk largely in the daily tale and, not infrequently, the history of an errant husband or the misdeeds of interfering relatives or neighbours. It is no easy matter for the medical officer to close the flood gates of garrulity when once these have been opened, and great tact is necessary to get rid of a loquacious parent without her departing with a sense of grievance. In the conducting of a clinic, in order to retain one's sanity one must have an infinite store of patience, be endowed with a well-ordered nervous system, and be gifted with a highly developed sense of humour.

The minor ailments clinics are also largely made use of in examining children who have been absent from school for more or less prolonged periods to determine their fitness to resume school attendance. These examinations are, generally, at the instance of the local School Management Committee but, frequently, mothers bring their children voluntarily for this purpose. During the past year, 126 such examinations were made at Gateside clinic, 94 at Blantyre, 279 at Gallowflat, 45 at Airdrie, 337 at Hamilton, 136 at

Larkhall, and 478 at Motherwell, making a total of 1,495 special examinations. As these examinations make a considerable claim on the medical officer's time it is a matter for congratulation that the regular work at the clinics did not in any way suffer.

Reference to Table G. will show that the number of *children* attending the various minor ailments clinics for treatment during the year amounted to **11,218** and that the total *attendances* made by the patients amounted to **75,691**. Compared with the previous year, these figures show an increase in the number of patients of 314 and a decrease in the number of attendances of 719. This would seem to indicate that the patients were attending the clinic at an earlier stage of their ailment when the condition was more amenable to treatment and the period of cure correspondingly shortened.

In addition to the foregoing, there was again a large attendance at the minor ailments clinic conducted at the special schools. These clinics are in operation each school day and are under the care of one of the Committee's nurses, assisted by the nurse attendants attached to the special schools. A total of **24,053** attendances were made at these clinics. These figures are, practically, the same as those of the previous year (24,092).

Thus, the grand total of the attendances made at the Committee's minor ailments clinics for the year 1933-34, amounts to **99,744.**

The following is a summary of the number of patients attending at each of the clinics :—

Airdrie Clinic (Dr. DARLING).—For eye diseases, 307, with 2,857 attendances ; skin diseases, 918, with 4,935 attendances ; ear diseases, 120, with 1,846 attendances ; nose diseases, 2 with 3 attendances ; ringworm, 8, with 25 attendances.

Total :—1,355 children making 9,666 attendances.

Blantyre Clinic (Dr. CORMACK).—For eye diseases, 216, with 2,067 attendances ; skin diseases, 872, with 4,397 attendances ; ear diseases, 98, with 1,328 attendances ; nose diseases, 21, with 291 attendances ; ringworm, 8, with 20 attendances.

Total :—1,205 children making 8,103 attendances.

Cambuslang Clinic (Dr. CUNNINGHAM).—For eye diseases, 543, with 4,162 attendances ; skin diseases, 1,092, with 5,217 attendances ; ear diseases, 129, with 962 attendances ; nose diseases, 55, with 344 attendances ; ringworm, 2, with 7 attendances.

Total :—1,821 children making 10,692 attendances.

Hamilton Clinic (Dr. MACKENZIE).—For eye diseases, 474, making 5,173 attendances ; skin diseases, 1,374, making 7,367 attendances ; ear diseases, 156, making 1,806 attendances ; nose diseases, 81 making 1,379 attendances ; ringworm, 13, making 98 attendances.

Total :—2,098 children making 15,823 attendances.

Larkhall Clinic (Dr. MACKENZIE).—For eye diseases, 204, with 2,586 attendances; skin diseases, 890, with 6,123 attendances; ear diseases, 66, with 1,047 attendances; nose diseases, 57, with 1,359 attendances; ringworm, 4, with 26 attendances.

Total :—1,221 children making 11,141 attendances.

Motherwell Clinic (Dr. YOUNG).—For eye diseases, 262, with 2,315 attendances; skin diseases, 966, with 5,473 attendances; ear diseases, 150, with 1,451 attendances; nose diseases, 63, with 659 attendances; ringworm, *nil*.

Total :—1,441 children making 9,898 attendances.

Rutherglen Clinic (Dr. CUNNINGHAM).—For eye diseases, 464, with 2,772 attendances; skin diseases, 1,339, with 6,039 attendances; ear diseases, 160, with 995 attendances; nose diseases, 102, with 556 attendances; ringworm, 2, with 6 attendances.

Total :—2,067 children making 10,368 attendances.

At Special School Clinics :—

Drumpark (Nurse DOUGLAS),	...	9,268 attendances
Dalton (Nurse PARK), ...	...	8,152 ,,
Knowetop (Nurse CHISLETT),	...	6,633 ,,

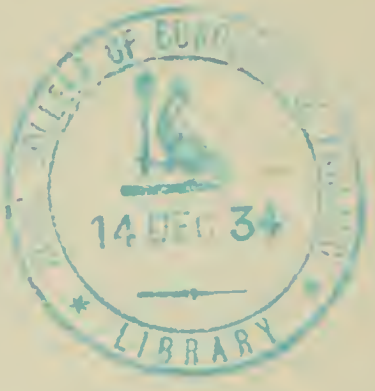
JOHN MACINTYRE,
Executive School Medical Officer.

SCHOOL MEDICAL INSPECTION OFFICES,
3 CLYDESDALE STREET,
HAMILTON.

MINOR AILMENTS.

TABLE G. SHOWING (a) NUMBER OF CHILDREN TREATED AT EACH CLINIC; (b) TOTAL ATTENDANCES MADE; (c) NATURE OF AILMENT FROM WHICH THE CHILDREN SUFFERED.

	AIRDRIE CLINIC.			BLANTYRE CLINIC.			CAMBUSLANG CLINIC.			HAMILTON CLINIC.			LARKHALL CLINIC.			MOTHERWELL CLINIC.			RUTHERGLEN CLINIC.		
	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.
DISEASES OF THE EYE—																					
Blepharitis, ...	66	79	1650	40	52	1166	75	83	1169	74	96	2196	37	31	1166	58	68	1296	71	99	983
Conjunctivitis, ...	26	30	327	17	32	226	110	137	1956	94	110	1778	41	29	752	28	49	560	101	107	1284
Corneal Ulcer, ...	13	8	198	3	3	25	9	4	79	5	8	68	3	1	12	2	5	70	4	3	36
Corneal Opacities, ...	9	9	354	10	8	466	12	9	357	9	15	732	7	6	430	2	7	99	1	8	196
Ophthalmia and Phlyctenular Conj.,	—	2	12	—	2	7	14	16	251	4	5	69	—	2	6	3	6	75	4	2	54
Keratitis-Interstitial, ...	—	—	—	—	—	—	—	1	4	3	5	44	3	1	44	1	4	37	1	—	12
Hordeolum (Stye), ...	14	29	169	20	21	102	14	26	107	23	14	128	21	16	93	11	9	90	22	23	140
Stillicidium, ...	—	—	—	—	—	—	1	1	10	—	—	—	—	—	—	—	1	1	—	3	20
Other Diseases, ...	10	12	147	3	5	75	22	9	229	3	6	158	2	4	83	5	3	87	8	7	47
TOTAL, ...	138	169	2857	93	123	2067	257	286	4162	215	259	5173	114	90	2586	110	152	2315	212	252	2772
DISEASES OF THE SKIN—																					
Impetigo Contagiosa, ...	211	138	2071	149	112	1417	111	81	1030	251	129	2099	144	97	1316	161	117	1566	133	128	1257
Eczema, ...	5	10	130	9	17	219	55	38	629	28	21	584	10	10	266	59	40	756	75	30	776
Alopecia Areata, ...	—	—	—	2	2	50	4	4	45	5	—	96	5	3	219	1	3	53	7	1	61
Scabies, ...	27	23	226	29	24	139	11	10	100	21	40	232	19	15	115	23	42	439	7	8	59
Pediculosis Capitis, with Impet. Contag., ...	—	7	16	—	7	75	1	9	56	5	15	63	1	1	7	23	47	243	3	20	89
Pediculosis Capitis, ...	—	—	—	1	2	5	—	16	45	—	1	1	—	—	—	1	10	20	2	10	23
Dermatitis Seborrhœica, ...	3	2	11	15	12	160	29	32	339	29	39	518	20	22	509	16	18	190	56	39	453
Wounds and Septic Sores, ...	289	129	2083	268	144	1710	331	164	1976	467	184	2798	303	144	2296	213	107	1879	382	188	2208
Psoriasis, ...	3	2	21	2	3	40	3	—	73	2	3	55	—	2	7	5	—	88	—	—	—
Other Skin Diseases, ...	44	25	377	36	38	582	98	95	924	84	50	921	66	28	1388	53	27	239	134	116	1113
TOTAL, ...	582	336	4935	511	361	4397	643	449	5217	892	482	7367	568	322	6123	555	411	5473	799	540	6039
DISEASES OF THE EAR—																					
Chronic Suppurative Inflammation,	47	47	1775	37	35	1233	46	36	758	92	34	1689	33	18	938	74	39	1245	52	36	775
Ceruminous Collection, ...	10	11	62	5	3	31	15	9	86	8	4	38	1	1	3	8	5	45	20	13	88
Chronic Catarrh, ...	1	—	3	3	5	29	4	3	74	2	7	47	6	2	88	1	7	84	7	6	64
Other Diseases, ...	1	3	6	6	4	35	11	5	44	8	1	32	4	1	18	8	8	77	18	8	68
TOTAL, ...	59	61	1846	51	47	1328	76	53	962	110	46	1806	44	22	1047	91	59	1451	97	63	995
DISEASES OF THE NOSE—																					
Nasal Catarrh	1	1	3	6	12	264	13	14	180	23	22	748	17	14	686	30	9	417	25	21	203
Nasal Obstruction, ...	—	—	—	1	2	27	19	9	164	20	16	631	15	11	673	17	7	242	34	22	353
TOTAL, ...	1	1	3	7	14	291	32	23	344	43	38	1379	32	25	1359	47	16	659	59	43	556
Ringworm of Head, ...	—	1	1	—	—	—	1	—	3	4	1	61	—	1	8	—	—	—	—	—	—
Ringworm of Body, ...	3	4	24	1	7	20	—	1	4	5	3	37	2	1	18	—	—	—	—	2	6
TOTAL, ...	3	5	25	1	7	20	1	1	7	9	4	98	2	2	26	—	—	—	—	2	6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